Exploring Educational Psychologists' views and experiences of the

Beads of Life narrative therapy based intervention

Polly Rose Snowdon

A thesis submitted for the degree of Doctorate in Child, Community and

Educational Psychology

Department of Education and Training

Tavistock and Portman NHS Foundation Trust and University of Essex

May 2021

Acknowledgements

I would like to thank the EPs who kindly gave their time to share their insightful thoughts and experiences as part of this research and who I have learnt so much from.

I would like to extend my appreciation and thanks to my wonderful supervisor Dr Stephanie Satariano for offering such valuable support and guidance throughout my thesis journey.

Last but not least, I would like to thank Will, my family, friends and Tavistock peers for providing me with endless amounts of encouragement and keeping me going over the past three years.

Abstract

Beads of Life is a narrative therapy based intervention that supports children and young people's (CYP) emotional wellbeing by helping them to identify their strengths and view their problems as separate to themselves (Portnoy et al., 2016). Despite a core function of the Educational Psychologist (EP) role being to deliver effective interventions that promote positive emotional wellbeing and mental health, little is known about EPs' experiences of facilitating narrative therapy based interventions such as Beads of Life (Scottish Executive, 2002). This research aims to inform EP practice in therapeutic work by providing a greater understanding and information around how Beads of Life is best delivered by EPs. Semi-structured interviews were conducted with seven EPs around their views and experiences of Beads of Life. A critical realist methodology was employed and the data was analysed through reflexive thematic analysis (TA) (Braun & Clarke, 2019). The results revealed that participants viewed Beads of Life as a helpful, unique and enjoyable strengths-based intervention that provides a safe and containing experience for CYP. The collaborative therapeutic relationship between EPs and CYP was seen to help CYP to share their stories. It was perceived to support CYP to recognise and build their strengths and confidence. A range of facilitating factors and barriers to EPs' engagement with Beads of Life were identified. The EP role and skillset were viewed as being strongly aligned with the Beads of Life facilitator role. It was concluded that this research provides valuable insight into the facilitating factors and barriers to EPs delivering Beads of Life and how it can be successfully implemented by EPs to support CYP's emotional wellbeing.

Table of Contents

Table of Figures

Table of Tables

Table   Title   **Page**

Abbreviations

ADHD	Attention Deficit Hyperactivity Disorder
AEP	Association of Educational Psychologists
ASC	Autism Spectrum Condition
CAMHS	Child and Adolescent Mental Health Services
CYP	Children and young people
EP	Educational Psychologist
EPS	Educational Psychology Service
LA	Local Authority
NAPEP	National Association of Principle Educational Psychologists
OCD	Obsessive Compulsive Disorder
RQ	Research question
SEMH	Social, emotional and mental health
SENCo	Special Educational Needs Coordinator
SEND	Special Educational Needs and Disabilities
TA	Thematic analysis
TEP	Trainee Educational Psychologist

Chapter One: Introduction

1.1. Chapter Overview

This chapter begins by introducing the national context of vulnerabilities impacting on children and young people (CYP) in the UK and the government agenda on supporting CYP's emotional wellbeing and mental health. It examines the ways that CYP's resilience and wellbeing has been supported, including government initiatives and access to therapies in education settings. This follows with the terminology around emotional wellbeing and mental health that will be used throughout this thesis. The impact of CYP's medical and mental health needs is explored. This leads on to an introduction to narrative therapy and Beads of Life as approaches to support CYP's wellbeing. This follows with an examination of the role of EPs in providing therapeutic interventions based on their competencies and EPs' experiences of delivering narrative therapy in schools. The chapter concludes with the researcher's position, rationale for research and research aims.

1.2. National Context

1.2.1. Vulnerabilities Impacting CYP

A range of psychosocial, school, academic and family factors have a significant impact on CYP's lives. There are a variety of wider systemic factors that have been identified to be associated with poor wellbeing and mental health in CYP. Recent reports have found that poverty, lack of employment opportunities, physical health including obesity, bullying and time spent on social media are vulnerabilities that predispose poor mental health in CYP

(House of Lords, 2018; Institute of Education (IOE), 2018; NHS Digital, 2020).
Living with an experience of poverty or financial strain is related to lower life
satisfaction (The Children's Society, 2019). There is a correlation between
poverty and long-term health conditions (Emerson, 2012; Wickham et al.,
2016). CYP who experience disadvantage across multiple areas of their lives
have been found to have lower rated wellbeing than those experiencing
disadvantage in one area (The Children's Society, 2019). Furthermore,
Adverse Childhood Experiences including abuse, witnessing domestic abuse,
having close family members with alcohol or mental health difficulties, divorce
and having a parent in prison can have a negative impact on CYP's physical
and mental health (Asmussen et al., 2020). These CYP have been found to
be at higher risk of unhealthy behaviours and poor educational outcomes
(Friedli, 2009). In the current COVID-19 context, CYP's emotional wellbeing,
mental health, physical wellbeing have been further negatively impacted (BBC
Children in Need, 2020). It has had a bigger negative impact on CYP living in
poverty and vulnerable groups of CYP.

1.2.2. Government Agenda on Mental Health

In growing concerns around CYP's emotional wellbeing and mental health,
the government has identified the need for support to be more easily
accessible and for there to be a better offer of support for the most vulnerable
CYP (Department of Health (DoH), 2015). CYP were identified as a priority
group for mental health promotion and prevention as part of The Five Year
Forward View for Mental Health Plan (Mental Health Taskforce, 2016).
Schools were identified as important settings for early identification (DoH &
Department for Education (DfE), 2017). The importance of good coordination

between schools and CYP's mental health services was highlighted. A whole school approach was outlined for supporting CYP's mental health including key actions for head teachers to implement following eight principles, which included interventions and a curriculum to support resilience (Public Health England, 2015). Furthermore, new mental health support teams and mental health leads in schools have recently been implemented and trialled (DoH & DfE, 2017; NHS England, 2019).

School based early interventions for supporting CYP's mental health prevent them falling into crisis and the need for expensive, long-term interventions during adulthood (Public Health England, 2016). School based preventative and early interventions overcome common barriers to accessing mental health interventions including time and stigma (Neil & Christensen, 2009). They provide a non-stigmatising environment where a graduated response can be implemented (DoH & DfE, 2017). Schools have a duty to promote the wellbeing of their students (Children Act, 2014). The Department for Education has identified whole-school approaches to supporting good mental health as a protective factor for CYP's mental health (DoH & DfE, 2017; Green et al., 2005). Classroom based group interventions are more cost effective, which is important in the current context of limited funding for schools (Department for Communities and Local Government (DfCLG), 2011).

1.3. Terminology

1.3.1. Emotional Wellbeing & Mental Health

There are various different constructs of emotional wellbeing and mental health. For the purpose of this research emotional wellbeing is defined as

"the sense of feeling good about ourselves and the ability to deal with the ups

and downs of life, such as coping with challenges and making the most of

opportunities"

(Mental Health Foundation, 2020, p.3).

It overlaps with the concept of mental health, which can be described as

"a state of well-being in which an individual realises his or her own potential,

can cope with the normal stresses of life, can work productively, and is able to

make a contribution to his or her community"

(World Health Organization (WHO), 2018, p.1).

Both definitions emphasise the ability of individuals to cope and function in

daily life, and to be content in doing so. In contrast, mental health disorders

comprise of a range of different problems and symptoms that are usually

characterised by a combination of negative thoughts, emotions, behaviours

and relationships with others (WHO, 2018). These definitions of emotional

wellbeing and mental health can be encapsulated by the Special Educational

Needs and Disabilities (SEND) Code of Practice's (DfE & DoH, 2015)

definition of 'social, emotional and mental health' (SEMH) needs. CYP with

SEMH needs are described as experiencing a wide range of social and

emotional difficulties that manifest themselves in different ways, including

internalising and externalising behaviours. These behaviours can include

mental health difficulties such as anxiety, depression, self-harm, substance

misuse and eating disorders.

1.4. CYP with Medical Needs

Almost a quarter of 11-15 year olds have a long-term illness or disability, including asthma, diabetes, epilepsy and cancer (Hagell & Shah, 2019). Disability can be defined as a physical or mental impairment that can impact on an individual's ability to engage in their daily lives (Equality Act, 2010). One in ten 10-24 year olds report that their disability affects their ability to engage in daily activities (Hagell & Shah, 2019). Long-term illness or disability during childhood can negatively impact on all areas of a CYP's live including friendships, taking part in social activities, education opportunities and employment (Taheri et al., 2016; Persson et al., 2013). CYP with long-term health conditions are at higher risk of developing mental health conditions (Davies et al., 2003). Therefore, there is a need for more intervention to support the emotional wellbeing of CYP with medical needs and prevent the development of mental health difficulties.

1.5. CYP's Mental Health

One in six 5-16 year olds have a diagnosed mental health disorder, which include emotional, conduct and hyperactivity disorders (NHS Digital, 2020). The rates of mental health disorders in CYP have significantly risen from one in nine in 2017. Over a third of these children were identified as having Special Educational Needs. Only one quarter of CYP who need treatment receive it (Public Health England, 2016). These rates are likely to increase due to the negative impact of COVID-19 on CYP's mental health, including increased levels of worry, anxiety and loneliness as a result of lockdown restrictions (Millar et al., 2020; Newlove-Delgado et al., 2021). Mental illness negatively impacts on many areas of a CYP's life including their emotional

and social wellbeing, academic functioning, education, employment prospects, involvement in criminal activity and physical health (Donovan & Spence, 2000; Green et al., 2005; Khan et al., 2015; YMCA, 2019). The importance of early intervention reduces the likelihood of these long-term negative effects (DoH & DfE, 2017).

CYP who have experienced poor mental health are less likely to have the resources needed to build resilience (Public Health England, 2014). Resilience can be described as the capacity to 'bounce back' from adversity (Public Health England, 2014). Resilience factors include family factors and wider community factors, such as peer contact and positive school experiences (The Children's Charity, 2007). It has been proposed that a secure base where the CYP feels a sense of belonging and security, good self-esteem and a sense of self-efficacy are fundamental building blocks of resilience (Gilligan, 1997). The six domains that contribute towards these building blocks include secure base, education, friendships, social competencies, talents and interests, and positive values. Accessing emotional support is also crucial for CYP to have a healthy future (Kane & Bibby, 2018). Building resilience in CYP can help to improve their health and health behaviours (Friedli, 2009). CYP who are resilience are able to adapt despite having difficult experiences, such as those of trauma (Yates, 2013).

1.6. Narrative Therapy

1.6.1. Narrative Therapy with CYP

Narrative therapy is referred to in relation to the therapeutic approach founded by Michael White and David Epston (1990) in family therapy contexts to

support emotional wellbeing and mental health. It is a respectful and non-

blaming therapeutic approach, which centres around CYP being experts in

their own lives and drawing on their skills, beliefs and values (Morgan, 2000).

It is based on social constructionism, which is the idea that people experience

their lives through how they are constructed in culturally mediated social

interactions (Hoffman, 1990). The importance is therefore placed on

relationships and context in influencing meaning making (Rowley et al., 2020).

It draws from postmodern concepts that there are no essential truths and that

different people have varying interpretations of reality (Burr, 2015). Narrative

therapy helps CYP to access the process of constructing meaning and to help

them change it when it has happened in a dysfunctional way (Zimmerman &

Dickerson, 1996). In its humanistic psychology ideas, the importance of

respecting and building confidence in CYP is highlighted, as outlined in Figure

1 (Uzun & LeBlanc, 2017).

Figure 1

1. The importance comes from the meaning given to an interpretation. Meaning is constructed within political, social and cultural systems.
2. People's behaviours are influenced by the narratives that they and others tell about them.
3. People live multiple different narratives concurrently.
4. Culture is the most influential factor that affects people's lives.
5. Problems are externalised from the self. The person is not the problem.
6. The client is the expert in their own life.

Narrative Therapy Theoretical Framework (Uzun & LeBlanc, 2017)

Narrative therapy draws on the key idea that people's lives are multi-storied. It

proposes that CYP's experiences of life are mediated through what stories

they tell and are told about them (White, 1995). These stories then shape what experiences CYP pay attention to and influence their experiences (White & Epston, 1990). CYP can have unhelpful dominant discourses in their lives, which narrative therapists describe as 'thin descriptions' (Morgan, 2000). Thin descriptions prevent CYP from describing their own interpretations of their preferred lives. It is therefore problematic when a single description of a CYP is described because their identity is only seen as partial. Problems are maintained by the oppressive stories that dominate a person's life. The intention is to separate the person from the problem. Narrative questioning is used to help CYP build 'thick' rather than 'thin' descriptions that consider all aspects of their lives (White & Epston, 1990). Therapeutic questioning is used to help CYP to reconnect to their own knowledge and strengths, helping them to identify what they want in their lives (Uzun & LeBlanc, 2017). Preferred stories are co-constructed between the CYP and therapist (Anderson & Goolishian, 1988; Fredman, 2002).

Narrative therapy is therefore a respectful, non-blaming approach, which recognises individuals as experts in their own lives (Morgan, 2000). It helps CYP to identify their strengths, skills, values and knowledge to draw on when managing problems (White & Epston, 1990). Narrative therapy has been used in school and community settings to support CYP with different needs including SEMH needs, Attention Deficit Hyperactivity Disorder (ADHD), hearing impairment and literacy difficulties (Furlonger, 1999; Smith & Nylund, 2000; Rahmani, 2011; Vromans & Schweitzer, 2011). It is appropriate to be used with children with a variety of needs as a flexible approach (Ramey et

al., 2009). It has been found to enhance social inclusion and community cohesion (White & Epston, 1990).

1.6.2. Beads of Life

Beads of Life is a therapeutic intervention developed by Sara Portnoy and colleagues that was informed by narrative therapy and its related theoretical framework (Portnoy & Ireland, 2020; Portnoy et al., 2016). It is also known as 'Just Bead It' and will be referred to as Beads of Life for the purpose of this research. It was designed to support CYP with cancer to help them tell the many stories of their lives that make them stronger and to make sense of their cancer journeys. However, the narrative principles that Beads of Life is based on do not discriminate to type of problem and it has been proposed that it suitable for helping CYP experiencing any problem (Morgan, 2000; Portnoy & Ireland, 2020; Uzun & LeBlanc, 2017). It draws on narrative therapy principles as previously described and acknowledges contribution from Ncube's (2006) Tree of Life approach. The Tree of Life is a narrative therapy based intervention that uses different parts of trees as metaphors to represent different aspects of people's lives. It was originally used with CYP who had experienced loss and trauma in their families through HIV/AIDS. It supports people to identify their strengths and share their stories (German, 2013).

Beads of Life helps CYP to draw on the multi-stranded stories in their lives, including their strengths and support networks (Portnoy et al., 2016). It supports CYP to talk about their daily lives, strengths and abilities, school, important people in their lives and their hopes and dreams (Portnoy & Ireland, 2020). It therefore supports CYP to develop positive views of themselves

through identifying important areas in their lives to help them tell their preferred stories. It helps CYP to recognise other aspects of their lives so that the problem is not the sole story of their identity and to separate the problem from the person. It takes a systemic lens, as it considers the systems around CYP through identifying their support systems and culture. It includes the interactions between their family as part of their microsystem, culture as part of their macrosystem and genetic factors, as described by the bio-ecological model (Bronfenbrenner & Ceci, 1994). This model acknowledges the interaction between genetic and environmental factors, which is considered important to CYP's wellbeing. This links to the EP role of understanding this interaction and working with the systems around CYP and considering the influence of these factors on CYP's strengths and needs.

Beads of Life was designed as a one-day workshop following the process described in Table 1, however, variation occurs in delivery and it has been adapted to be used in different formats with different group sizes and across weekly sessions (Portnoy & Ireland, 2020). CYP are invited to select, write about and draw beads to represent different areas of their lives. This positions them as experts in their own lives as it allows them to tell their preferred stories (Anderson & Goolishian, 1992; Portnoy & Ireland, 2020). They then take part in the 'threading and thickening' process where they talk about their beads whilst the facilitator prompts them to extend their stories and threads their beads. Other CYP act as 'outsider witnesses' as they witness this process and present the CYP with a bead as a gift. This gives their story an audience, helps to validate their story and contributes towards positive

personal growth (White, 1995). Having shared their stories, CYP are seen to be in a safe space to stand to then explore a problem or challenge. CYP are supported to externalise the problem to separate it from themselves (Morgan, 2000). This problem was originally designed as the 'medical journey' for CYP with cancer, however, it has been adapted to be used with many different CYP to explore any difficulties they might be experiencing in their lives. They are then invited to bead the journey since the difficulty and select beads to represent their responses to coping. There is an opportunity for CYP to share their responses to the difficulty with each other before a certificate ceremony. CYP are encouraged to share their beads with the important people in their lives to continue to extend their stories.

Table 1

Beads of Life Workshop Process
Portnoy & Ireland (2020)

Stage	Description
1) Choosing life beads	CYP select beads to represent the following areas of their lives; daily lives, skills and abilities, important people and their gifts, where I come from, school life, and hopes and dreams
2) Thickening stories	CYP are invited to thread their beads and they are prompted to extend their descriptions into a story line through narrative questioning
3) Witnessing	Group members give beads as 'gifts' to represent what they have learnt or valued listening to the CYP's stories

Stage	Description
4) Personifying the problem	CYP are invited to externalise and personify a problem that has been dominating their life
5) Beading the journey since the problem	CYP are invited to reflect on the effects of a problem and their responses to difficulties
6) Sharing testimonies	Collective ideas around changes due to the problem and helpful strategies are shared
7) Certificates	Certificates are awarded and CYP share their stories with a wider audience

1.7. EP Role in Providing Therapeutic Interventions

EPs work with CYP, parents and carers, school staff and professionals to support CYP's learning, developmental, emotional, social and mental health needs (British Psychological Society (BPS), 2002). It is often reported that there is a lack of consensus around the EP role and statutory pressures of the role often constrain the time EPs have to take up other roles including delivering interventions (Fallon et al., 2010). However, one of the core functions of the EP role is recommending and delivering effective interventions (Scottish Executive, 2002). Providing therapeutic interventions aligns with the EP role in supporting the wellbeing of CYP with SEMH needs (Scottish Executive, 2002). EPs have a high level of competence in implementing evidence-informed psychological interventions to promote mental health and emotional wellbeing (BPS, 2019). EPs view providing individual assessments and interventions as valuable and unique parts of the

role (Ashton & Roberts, 2006). They are increasingly seeking further training to deliver effective, evidence based therapeutic interventions (Dunsmuir & Hardy, 2016).

EPs are well placed to deliver therapeutic interventions due to their systemic knowledge, training in providing therapeutic support and direct links to schools (Greig et al., 2016). Furthermore, Farrell et al. (2006) reported that staff in schools would welcome more therapeutic intervention from EPs. EPs similarly reported that they would like to develop their activities in different areas including group and individual therapy. EPs have been described as being on the forefront of promoting positive social and emotional wellbeing in schools and a key therapeutic resource for CYP as professionals who are embedded in educational systems and with a high level of training (MacKay, 2007; Roffey, 2015). Therefore, they have an important role in implementing and evaluating emotional wellbeing interventions in schools (Roffey, 2015). A study found that 92% of EPs use therapeutic interventions in schools as part of their practice (Atkinson et al., 2011). EPs can therefore support schools to provide preventative and early intervention emotional wellbeing and mental health support. This allows them to provide interventions before Child and Adolescent Mental Health Service (CAMHS) involvement is necessary, particularly when CAMHS services can have high thresholds and long waiting lists (NHS England, 2019; Public Health England, 2016).

EPs have reported spending time delivering therapy, including narrative therapy (Farrell et al., 2006). A survey found that around 20% of EPs who

responded reported that they had used narrative therapy in the previous two years (Atkinson et al., 2011). EPs have used narrative therapy to explore the preferred identities of young people with Autism and to support young people's voices to be heard (Gilling, 2012; Warham, 2012). The Tree of Life approach has been used by EPs to support refugee children and whole classes of CYP in schools to increase their cultural knowledge, develop shared cultural solutions and develop their self-concept (German, 2013; Hughes, 2014). Beads of Life has been adapted but not yet evaluated by EPs when used with CYP with medical conditions, hearing impairments and SEMH needs in schools (Heckels, 2019; Wright, 2018). The researcher has used Beads of Life across eight one-hour weekly sessions, completing the first three stages (Table 1) for the different life story areas every week and exploring a problem on alternate weeks, with small groups of CYP with SEMH needs to support their confidence, self-esteem and social skills. EP services have developed narrative approaches to service delivery and practice through individual work, group work, organisational change and research (Hobbs et al., 2012). Narrative approaches were used by EPs as a basis of systemic work with schools around emotional wellbeing. Narrative approaches are aligned with the SEND Code of Practice (DfE & DoH, 2015) as they emphasise the child's voice in expressing their strengths and views.

1.8. Researcher's Position

The researcher developed an interest in emotional wellbeing and therapeutic work whilst working in various different CAMHS settings, including co-facilitating an emotional wellbeing intervention for whole classes of primary school children. Their interest in narrative therapy and Beads of Life emerged

when they previously worked and carried out research with children and families in a paediatric oncology service. Their interest grew from attending Beads of Life training and facilitating a Beads of Life group. The limited evidence base in Beads of Life contributed towards the current research being conducted. There is a focus on developing therapeutic skills and providing psychological interventions as part of the educational psychology doctoral training (BPS, 2019). Therefore, the researcher believes that EPs are well placed to deliver school based emotional wellbeing and mental health interventions for CYP. This experience, awareness and belief motivated the researcher to investigate the EP role in delivering Beads of Life to support CYP.

1.9. Rationale & Research Aims

This research aims to explore EPs' experiences and views of the Beads of Life intervention. It will be used to develop an insight into their understanding and assumptions about their role in this area in order to inform EP practice around therapeutic work. It has been demonstrated that EPs have a key role in providing preventative and early emotional wellbeing and mental health interventions in schools (Roffey, 2015). Early intervention is particularly important to prevent further crisis with long term implications and to provide access to support in the current context of long waiting lists for CAMHS input (NHS England, 2019; Public Health England, 2016). These waiting times are expected to increase due to the negative impact of the COVID-19 pandemic on CYP's mental health and reduced services during national lockdowns (BBC Children in Need, 2020). EP services have begun to use narrative therapy approaches as helpful interventions, but there is a limited evidence

base (Heckels, 2019; Hobbs et al., 2012; Wright, 2018). Therefore, research is needed to further investigate the EP role in providing narrative therapy based interventions such as Beads of Life. It is hoped that this research could provide EPs with a better understanding of their role in delivering narrative therapy interventions and specifically Beads of Life. It could provide EP services with useful information on how the intervention is best delivered by EPs. It is hoped that this research will add to the evidence base of Beads of Life and inform EPs working therapeutically to support CYP's emotional wellbeing.

The current research will answer the following research questions (RQs) to explore its aims:

RQ1: What are EPs' experiences of using Beads of Life?

 RQ1a: What do EPs perceive to work well as part Beads of Life?

 RQ1b: What do EPs perceive the challenges to be as part of Beads of Life?

 RQ1c: How do EPs think Beads of Life helps CYP?

RQ2: What do EPs experience as facilitators and barriers to their engagement with and ability to deliver Beads of Life?

RQ3: What training, skills and resources are needed for EPs to deliver Beads of Life?

RQ4: What do EPs think about the EP role in delivering Beads of Life?

Chapter Two: Literature Review

2.1. Chapter Overview

This chapter provides a detailed account of Beads of Life literature and literature which explores EPs' use of narrative therapy based approaches with CYP, parents and school staff. Details of the literature searches are provided including the search strategies, inclusion and exclusion criteria, and tools used to critique papers. The papers are critically reviewed based on the tools. It is concluded that there is limited research and more research is needed to explore how narrative therapy approaches and how Beads of Life can be used by EPs.

2.2. Literature Review Aims & Questions

It was hoped that the first literature review question: *'What is the available research on Beads of Life?'* would allow for critical exploration of the use of Beads of Life by practitioners.

The second literature review question: '*What is the available research on EPs' use of narrative therapy based approaches with CYP, parents and school staff?'* was posed to specifically explore the EP role in using narrative therapy approaches due to the important role of EPs in delivering therapeutic approaches. It was broadened from Beads of Life to narrative therapy based approaches was due to the limited evidence base on Beads of Life. The aim of the second question was to explore and provide a critical overview of the literature on how EPs use narrative therapy based interventions and their impact.

2.3. Literature Review Question 1. What is the Available Research on Beads of Life?

2.3.1. Search Strategy

A systematic literature search was carried out to answer the first literature search question. A literature search was conducted on 29th July 2021 using an EBSCO search of the following databases: 'PsycINFO', 'ERIC', 'Psychology & Behavioural Sciences' and 'Education Source'. A single search term ("beads of life") was used due to the limited available research on Beads of Life and this search resulted in three articles. One article was excluded based on title and abstract as it was a book review exploring beadwork in comparison to the Beads of Life approach. The full texts of the remaining two articles were screened and included as they met the inclusion and exclusion criteria (Table 2).

Table 2

Literature Review 1 Inclusion and Exclusion Criteria

	Inclusion Criteria	Exclusion Criteria	Rationale
1. Language	Articles written in the English language	Articles not written in the English language	Studies could be analysed by the researcher
2. Approach	Articles exploring the narrative therapy based Beads of Life approach	Articles not exploring the narrative therapy based Beads of Life approach	To ensure the focus was on Beads of Life

	Inclusion Criteria	Exclusion Criteria	Rationale
3. Type of study	Studies that collected either quantitative or qualitative data, or reflective case studies	Review papers including book reviews	To ensure a broad range of papers were included due to the limited available research on the topic and exploratory nature of the literature review question

2.3.2. Critique of the Literature

The included two papers were critiqued for their strengths, limitations and implications for practice. A table summarising the aims, participants, methodology and results of these studies can be found in Table 3. The two identified papers present reflective and descriptive accounts of Beads of Life (Portnoy et al., 2016 ; Portnoy & Ireland, 2020). They can be identified as 'practice literature' written by practitioners about their field of expertise (Aveyard, 2014). There was no suitable tool to measure their quality due to the lack of evaluative components in the papers. They were included as they were the only published articles on Beads of Life. Six questions to trigger critical thinking were used as a guide to critique the practice literature that was identified based on an established literature search (Hek & Langton, 2000; Appendix D).

Table 3.

Literature Review 1 Included Articles

Study	Aims	Type of study	Participants	Intervention	Outcome Measures	Main findings
Portnoy et al., 2016	To describe the five part Beads of Life methodology, its links to narrative therapy and impact on CYP.	Reflective account	16 year old young person (reflections on their use of Beads of Life) & feedback from workshops (60 CYP aged 7-25 years)	Beads of Life	No outcome measures	Feedback from CYP included feeling safe, relaxed and happy during the intervention. It was reported to help them to make sense of their treatment, medical journeys and recognise support.
Portnoy & Ireland, 2020	To explore the theory underlying Beads of Life and how it has been run in workshop format with CYP.	Reflective account	10 year old girl with an acquired brain injury & feedback from CYP (details not reported)	Beads of Life	No outcome measures	Feedback from CYP included helping them to feel more confident, explore their identities, draw on their strengths and support networks.

Both articles can be identified as descriptive accounts of the Beads of Life approach (Portnoy et al. 2016; Portnoy & Ireland, 2020). They both describe the Beads of Life methodology including the narrative therapy principles it draws on, the process of how it has been used in a children's oncology service and feedback. Both articles reflect on case studies to illustrate the five part Beads of Life process. Portnoy et al. (2016) explained that they collected feedback from CYP through questionnaires and semi-structured interviews. They reported the positive impact of the intervention including helping CYP to feel safe, relaxed and that they enjoying taking part. They reported that CYP felt better able to cope with cancer treatments, recognise support and make sense of their journeys. They suggested that parents shared similar feedback that the CYP enjoyed taking part and talking about their stories. In contrast, Portnoy and Ireland (2020) did not explain how feedback was collected. However, they reported similar feedback in relation to CYP's positive experiences of the approach including increased confidence, exploring their identity and support networks. Portnoy and Ireland (2020) explored critiques of Beads of Life including the metaphor of beads, time taken to complete workshops and the externalisation process in relation to physical health.

The two articles show a high level of relevance to the review question and insight into the Beads of Life approach as they are written by the creators of Beads of Life. However, their high level of investment in the approach could vias their views. They offer detailed descriptions that illustrate the Beads of Life approach and provide helpful information into its use. They provide some insight into CYP's views of the approach and critique. The exploratory nature

of the articles can be deemed appropriate considering the limited evidence

based available in relation to Beads of Life. However, they do not provide

detailed participant information from whom the feedback was collected from or

descriptions of how the feedback was collected and analysed. Therefore, it is

unclear how robust the reported impact of the approach based on this

feedback is. There are no reported outcomes and therefore the validity of

these conclusions into impact are unclear. Despite this, both articles were

written in high quality and peer reviewed journals/books, increasing their

credibility. They illustrate the approach and demonstrate that further research

is needed into Beads of Life.

2.4. Literature Review Question 2. What is the Available Research on EPs' use of Narrative Therapy Based Approaches with CYP, Parents and School Staff?

2.4.1. Search Strategy

A systematic literature search was carried out to answer the second literature

search question. Several initial searches were carried out to identify the most

relevant search terms and the databases that best represented the literature.

The identified terms (Table 4) were then used for the focused and

comprehensive search described. A literature search was conducted on 22nd

June 2020 using an EBSCO search of the following databases: 'PsycINFO',

'ERIC', 'Psychology & Behavioural Sciences' and 'Education Source'.

The search terms were combined using Boolean Operators (Table 4). The

'narrative therapy based approaches' search terms needed to appear in the

title or abstract. The 'EP role' search terms were initially limited to abstract,

however, this was expanded and not limited to abstract in the final search to

ensure that all studies that met the inclusion criteria were included. The

search was limited to journal articles, English language and between 1990-

2020. These dates were chosen as 1990 was when narrative therapy was first

founded by Michael White and David Epston (White & Epston, 1990). This

resulted in 1435 articles. The titles and abstracts were screened for the

inclusion and exclusion criteria, and duplicates were removed (Table 3), which

resulted in 14 articles. The full texts were screened based on the criteria

resulting in 6 articles being excluded (Appendix A). Three articles were added

based on a hand search of Google Scholar and the Educational & Child

Psychology journal, which resulted in 11 articles being included in the full

review.

Table 4

Literature Review 2 Search Terms

EP Role	Narrative Therapy Based Approaches
"educational psycholog*" OR	AB "narrative" OR
"school psycholog*"	AB "beads of life" OR
	AB "Just bead it" OR
	AB "tree of life" OR
	AB "team of life"

2.4.1.1. Inclusion and Exclusion Criteria

A range of inclusion and exclusion criteria were applied to ensure that studies

included in the review answered the literature search question (Table 5). This

ensured that the review search was focused and relevant.

Table 5

Literature Review 2 Inclusion and Exclusion Criteria

	Inclusion Criteria	**Exclusion Criteria**	**Rationale**
1. Language	Articles written in the English language	Articles not written in the English language	Studies could be analysed by the researcher
2. Publication	Articles written in peer reviewed journals between 1990-2020	Articles not written in peer reviewed journals including dissertations and books	To ensure high methodological rigour and that studies have been scrutinised. 1990 was when narrative therapy was first established (White & Epson, 1990)
3. Type of study	Studies that collected either quantitative or qualitative data, or reflective case studies	Review papers including book reviews	To ensure a broad range of papers were included due to the limited available research on the topic and exploratory nature of the literature review question
4. Approach	Narrative therapy based approaches that were delivered by or involved EPs	Interventions that do not meet the narrative therapy based approach criteria (Table 6) and/or EP involvement not specified	To ensure the focus was on narrative therapy based approaches and linked to the EP role

	Inclusion Criteria	Exclusion Criteria	Rationale
5. Participants	CYP, their parents and/or school staff working with CYP	Adult participants (over the age of 18) that were not linked to CYP participants, such as parents or teachers	This review examines the experiences of EPs using narrative therapy approaches with those that they work with (CYP, parents, school staff)

2.4.1.1.1. Inclusion of Papers Using Narrative Therapy Based Approaches

To ensure that the approaches used in the papers could be defined as narrative therapy based approaches, the criteria outlined in Carr's (2001) seven processes to narrative therapy based approaches was applied (Table 6). The papers needed to include at least one of Carr's (2001) seven processes to narrative therapy-based approaches due to the variability in the use of narrative therapy. This was decided due to 'narrative psychology' and other narrative approaches appearing in the search that did not align with the core narrative therapy principles that Beads of Life is aligned with. At least one principle was considered appropriate due to the broad range of narrative therapy based approaches available.

Table 6

Carr's (2001) Summary of Michael White's Narrative Therapy Principles

Principle	Description
1. Collaboration	The therapist takes a co-author role alongside the individual
2. Externalisation	The separating of the problem from the person and their identity

Principle	Description
3. Unique outcomes	The exploration of 'exceptions' to the dominant stories
4. Outsider witness	Significant others are invited to witness the new self-narrative
5. Re-membering practices	The reconnection of clients with internal representations of significant others
6. Incorporating literary means	Certificates, letters, and other literary means are used to help document and celebrate new knowledge and practice
7. Facilitating bring back	Clients are encouraged to share their expertise in tackling the problem with newer clients

2.4.2. Critique of the Literature

The included papers were critiqued for their strengths, limitations and implications for practice. A table summarising the aims, participants, methodology, narrative therapy approach and results of these studies can be found in Table 7. Various tools were used as a guide when critiquing the articles. The quality of the qualitative and mixed methods papers were critiqued using the Critical Appraisal Skills Programme (CASP) Qualitative Research checklist as a guide (2018; Appendix B). Four studies were identified as purely qualitative (Gilling, 2016; Hirschson et al., 2018; McQueen & Hobbs, 2014; Rowley et al., 2020) and three studies were identified as using mixed methods approaches (Eames et al., 2016; German, 2013; Hannen & Woods, 2012). One study was purely quantitative (Looyeh et al., 2012) and it was critiqued using the CASP Randomised Controlled Trial Research checklist as a guide (2018b; Appendix C). This tool allowed for

systematic consideration of validity, significance and usefulness of findings for the relevant research.

Three of the identified papers presented reflective or descriptive accounts of using narrative therapy (Gilling, 2012; Hobbs et al., 2012; Wiest et al., 2001). They can be identified as 'practice literature' written by practitioners about their field of expertise (Aveyard, 2014). There was no suitable tool to measure their quality due to the lack of evaluative components in the papers. They were included due to the limited studies available on the use of narrative therapy by EPs and the strong alignment of these papers with the literature review question in exploring available papers on EPs experiences of using narrative therapy. Similarly to the practice literature explored in the first literature review question, six questions to trigger critical thinking were used as a guide to critique the practice literature (Hek & Langton, 2000; Appendix D).

A thematic approach was taken as the articles were sorted into the following themes in relation to the impact of narrative therapy; supporting CYP's emotional wellbeing and mental health, supporting CYP with diagnosed neurodevelopmental disorders and supporting parents. Each of these themes were separated into subthemes based on whether the interventions were delivered to individuals or groups.

Table 7.

Literature Review 2 Included Articles

Study	Aims	Type of study	Participants	Intervention	Outcome Measures	Main findings
Eames et al. (2016)	To explore the feasibility of Team of Life with pupils experiencing difficulties following the transition to secondary school, and its impact on their goals and emotional wellbeing.	Mixed methods exploratory research	26 x Year 7, 8, 9 and 10 pupils in a UK secondary school	Two Team of Life groups (Group 1: 2 day workshop, Group 2: 4 half day workshops)	Child reported GBOs, CBCL, semi structured interviews	Significant positive change in GBOs and reductions in emotional and behaviour difficulties (CBCL). Thematic analysis indicated benefits including increased shared understanding, confidence, peer support and the positive impact of sport.
German (2013)	To evaluate the effectiveness of Tree of Life in enhancing pupils' self-esteem and in developing their understanding of their and their peers' culture.	Mixed methods exploratory research	29 x 9-10 year old primary school pupils	8 x 90 minute Tree of Life sessions	Semi structured interviews, child reported BYI-II pre and post intervention	Significant improvement in pupil self-concept (BYI-II). Pupils reported positive improvements in cultural understanding of themselves and other pupils post intervention.

Key: Beck Youth Inventories child reported (BYI-II; Beck et al., 2005); Child Behaviour Checklist (CBCL; Achenbach & Rescorla, 2011);   39
Children Symptom Inventory (CSI-4; Gadow & Sprafkin, 2002); Goal Based Outcomes (GBOs; Law & Jacob, 2013); Narrative Assessment
Interview (NAI, Hardtke & Angus, 1998); Relative Influence Questions (RIQ, White et al., 1990); Resiliency Scales for Children and Adolescents
(RSCA, Prince-Embury, 2006); Target Monitoring & Evaluation parent report (Dunsmuir et al., 2009)

Study	Aims	Type of study	Participants	Intervention	Outcome Measures	Main findings
Gilling (2012)	To explores one CYP's relationship with Autism and to explore their preferred identity thought a narrative framework.	Reflective account	11 year old male	3 x narrative therapy sessions	No outcome measures	It was reported that CYP could articulate their own experiences and professionals need to reconstruct views about problems collaboratively with CYP.
Gilling (2016)	To explore the impact of a narrative therapy intervention on a child's mental health and behaviour, and people's understanding of it including the relationship to the problem behaviour and the impact in the classroom.	Interactive approach through constructio-nist grounded theory	Series of narrative therapy discussions with an 8 year old male, teacher and mother	4 x narrative consultations with each person (12 in total) guided by White's (2007) 'statement of position map'	Intensive interviewing	Narrative therapy illuminated the possibility for change in understanding a child outside of structuralist notions of 'difficult behaviour'. This change in understanding led to a change in classroom practice in response to mental health and behaviour.

Key: Beck Youth Inventories child reported (BYI-II; Beck et al., 2005); Child Behaviour Checklist (CBCL; Achenbach & Rescorla, 2011);   40
Children Symptom Inventory (CSI-4; Gadow & Sprafkin, 2002); Goal Based Outcomes (GBOs; Law & Jacob, 2013); Narrative Assessment
Interview (NAI, Hardtke & Angus, 1998); Relative Influence Questions (RIQ, White et al., 1990); Resiliency Scales for Children and Adolescents
(RSCA, Prince-Embury, 2006); Target Monitoring & Evaluation parent report (Dunsmuir et al., 2009)

Study	Aims	Type of study	Participants	Intervention	Outcome Measures	Main findings
Hannen & Woods (2012)	To investigate the impact of narrative therapy on CYP's emotional well-being, and behaviour. To explore the EP role in delivering therapeutic interventions within an LA context and school-based setting.	Evaluative case study	12 year old female, parents & class teacher	6 x 1 hour individual NT sessions involving the use of externalisation & unique outcomes	Parent reported Target Monitoring & Evaluation; Child reported BYI-II, RSCA, RIQ, NAI, Likert Scale & interview; Facilitator reflective diary	Significant improvement in emotion wellbeing on the RSCA and Likert scale. No significant improvement on the BYI-II. Parent, teacher and child reported improvements in emotional wellbeing (NAI).
Hirschson et al. (2018)	To use the Tree of Life to explore the story of grief experienced by young people orphaned by AIDS and living in a South African children's home.	Exploratory qualitative arts based research with a critical ethnographic design	16 x 12-14 year old males & females	11 x 1-2 hour group psychotherapy sessions involving the Tree of Life	Video footage, facilitator observations & reflections, Tree of Life artefact, YP self-reflective journals & session materials	Dominant themes: the expression of grief through creative expressive arts, social systems that disempower and marginalize orphaned adolescents and resilience. Adolescents were better able to connect to their feelings.

Key: Beck Youth Inventories child reported (BYI-II; Beck et al., 2005); Child Behaviour Checklist (CBCL; Achenbach & Rescorla, 2011); 41 Children Symptom Inventory (CSI-4; Gadow & Sprafkin, 2002); Goal Based Outcomes (GBOs; Law & Jacob, 2013); Narrative Assessment Interview (NAI, Hardtke & Angus, 1998); Relative Influence Questions (RIQ, White et al., 1990); Resiliency Scales for Children and Adolescents (RSCA, Prince-Embury, 2006); Target Monitoring & Evaluation parent report (Dunsmuir et al., 2009)

Study	Aims	Type of study	Participants	Intervention	Outcome Measures	Main findings
Hobbs et al. (2012)	To reflect on the work of an EPS in developing narrative approaches to practice	Reflective account	1. Year 7 female and parent 2. Teachers of a 4 year old male	1. Narrative conversations 2. Narrative reflective team	No outcome measures	1.It was reported that narrative therapy supported the CYP to gain a sense of responsibility and agency and she was better able to adopt a reflective stance 2. It was reported to be a positive experience and helpful framework for parents and teachers.
Looyeh et al. (2012)	To explore the effectiveness of group narrative therapy in improving the school behaviour of girls with ADHD.	Exploratory quantitative	14 x 9-11 year old girls (2 x intervention groups, waitlist control)	12 x 60 minute weekly group narrative therapy sessions involving externalisation & unique outcomes	Teacher reported CSI-4	Significant reduction in ADHD symptoms 1 week after completion of treatment and sustained after 30 days (CSI-4).

Key: Beck Youth Inventories child reported (BYI-II; Beck et al., 2005); Child Behaviour Checklist (CBCL; Achenbach & Rescorla, 2011);   42
Children Symptom Inventory (CSI-4; Gadow & Sprafkin, 2002); Goal Based Outcomes (GBOs; Law & Jacob, 2013); Narrative Assessment
Interview (NAI, Hardtke & Angus, 1998); Relative Influence Questions (RIQ, White et al., 1990); Resiliency Scales for Children and Adolescents
(RSCA, Prince-Embury, 2006); Target Monitoring & Evaluation parent report (Dunsmuir et al., 2009)

Study	Aims	Type of study	Participants	Intervention	Outcome Measures	Main findings
McQueen & Hobbs (2014)	To explore the authors' experience of narrative conversations with parents who brought a concern about their child who had been referred to explore a diagnosis of Autism.	Exploratory using activity theory	2 x parents from 1 family	Series of 6 x 1 hour narrative conversations involving externalisation & collaboration	No outcome measures	It was reported that the type of narrative conversation provided an opportunity for parents to examine, reflect and give recognition to their own resources and skills as a couple and as individuals.
Rowley et al. (2020)	To investigate the experiences ethnic minority parents who had attended the Tree of Life group	Participatory research	6 x ethnic minority parents of CYP with SEND in a mainstream primary school	Tree of Life group sessions	Thematic analysis of a visual representation from the focus group	The main themes identified were sharing of experiences, increase in self-awareness and changing their relationship with challenge as a result of engaging with Tree of Life.

Key: Beck Youth Inventories child reported (BYI-II; Beck et al., 2005); Child Behaviour Checklist (CBCL; Achenbach & Rescorla, 2011); 43
Children Symptom Inventory (CSI-4; Gadow & Sprafkin, 2002); Goal Based Outcomes (GBOs; Law & Jacob, 2013); Narrative Assessment
Interview (NAI, Hardtke & Angus, 1998); Relative Influence Questions (RIQ, White et al., 1990); Resiliency Scales for Children and Adolescents
(RSCA, Prince-Embury, 2006); Target Monitoring & Evaluation parent report (Dunsmuir et al., 2009)

Study	Aims	Type of study	Participants	Intervention	Outcome Measures	Main findings
Wiest et al. (2001)	To describe and reflect on a case study involving the use of narrative therapy approaches for a child with Tourette's syndrome.	Reflective account	9 year old male	Family and individual counselling involving externalisation & a therapeutic letter	No outcome measures	It was reported that the child's worry and Tourette's syndrome had less of an influence over his life and that he was able to exert more control over them as a result of the intervention.

Key: Beck Youth Inventories child reported (BYI-II; Beck et al., 2005); Child Behaviour Checklist (CBCL; Achenbach & Rescorla, 2011); Children Symptom Inventory (CSI-4; Gadow & Sprafkin, 2002); Goal Based Outcomes (GBOs; Law & Jacob, 2013); Narrative Assessment Interview (NAI, Hardtke & Angus, 1998); Relative Influence Questions (RIQ, White et al., 1990); Resiliency Scales for Children and Adolescents (RSCA, Prince-Embury, 2006); Target Monitoring & Evaluation parent report (Dunsmuir et al., 2009)

2.4.2.1. Supporting CYP's Emotional Wellbeing and Mental Health

The majority of studies explored the use of narrative therapy approaches with CYP identified as experiencing SEMH difficulties or as a preventative group intervention to improve CYP's emotional wellbeing and behaviour. These studies enabled consideration of the EP role in supporting CYP with a variety of SEMH needs through therapeutic narrative therapy approaches and how these approaches can be facilitated.

2.4.2.1.1. Interventions with Individual CYP

Two studies considered the use of narrative therapy with individual CYP to support their emotional wellbeing and behaviour. Hannen and Woods (2012) investigated the impact of narrative therapy with a 12-year-old girl who was identified as someone who self-harms and the usefulness of narrative therapy in EP work (Table 7). All measures except the Beck Youth Inventories (BYI-II; Beck et al., 2005) showed significant improvement in emotional wellbeing over the intervention period. The parents, teacher and young person reported that she felt happier, no longer had panic attacks and no longer responded with anger post intervention.

The aims of Hannen and Wood's (2012) study were clearly stated and the mixed methods design allowed for both standardised measures of emotional wellbeing and a more in-depth insight into the young person's experience. The use of the Relative Influence Questions (RIQ; White et al., 1990) and Narrative Assessment Interview (NAI; Hardtke & Angus, 1998) ensured that the outcomes were personalised to the young person and were aligned with narrative therapy principles. The post intervention Likert scale questionnaire

and semi-structured interview allowed for exploration of the young person's experience and acceptability of the intervention. Another strength of the study is that outcomes were measured from the parent, teacher and young person. This resulted in data triangulation, strengthening the analytic claims and building a richer picture (Smith, 1996).

The qualitative data provides a rich insight into the young person's experiences of the intervention, however, it is unclear how this data was analysed (Hannen & Woods, 2012). Therefore, it is unclear how robust these findings were. The BYI-III measure of self-concept, depression and anger indicated deterioration from pre to post intervention, suggesting that the young person's emotional wellbeing linked to these areas declined rather than improved following the intervention. This data does not correspond with the researchers' conclusion that the young person's emotional wellbeing improved over the intervention period. Despite these limitations, this study has useful implications for EP practice as it demonstrates how narrative therapy can be used by EPs in school settings and it sets out a model of narrative therapy practice for EPs. The model outlines stages for EPs to follow when assessing, facilitating and evaluating narrative therapy interventions in schools. However, the small sample size of one participant limits the generalisability of findings to other young people and validity of the model proposed. The reliability of the quantitative data through the pre and post BYI-II and RSCA can be is limited due to the case study design of one participant.

The use of a narrative therapy intervention to support a child's mental health was similarly explored by Gilling (2016) (Table 7). A narrative therapy intervention was implemented with an 8-year-old boy, his mother and class teacher to support his mental health and behaviour, other people's understanding of mental health and behaviour and the impact of this in the classroom. It was concluded that narrative therapy illuminated the possibility for change through realising unmet values to thicken the child's story. It was also concluded that therapeutic consultation based on narrative therapy principles could guide practice in the classroom to facilitate change. The author acknowledged limitations to the wider applicability of the findings. However, the conclusions that narrative therapy principles can facilitate change in the context of other classrooms can be questioned as the sample was limited to one case study. Implications for practice were highlighted including that narrative approaches depend on CYP being able to converse thoughts and ideas. The author proposed that the way EPs position themselves, such as non-experts, can facilitate change. This research therefore has implications around the EP role and how narrative values can be used to inform our understanding of the role.

Similar to Hannen and Wood's (2012) study, the aims of Gilling's (2016) study were clearly stated and the qualitative design allowed for rich data and the exploration of experiences. Gilling (2016) provided an insight into how narrative therapy can be used systemically with a child and those around them including parents and teachers to have a positive impact. The use of the externalisation narrative therapy technique was used and supported by both

Gilling (2016) and Hannen and Woods (2012). Gilling (2016) used a social constructionist epistemology, which allowed for meaning to be created between the researcher and participants. The relationship between the participants and EP as both facilitator of the intervention and researcher was acknowledged and explored throughout. The paper outlined how narrative therapy principles could be built into EP consultations. There was no standardised measurement of the impact of the intervention on the child's mental health. However, rich descriptions from the child, his parent and teacher allowed for exploration of the positive impact on his mental health and behaviour.

2.4.2.1.2. Interventions with Groups of CYP

Three studies considered the use of narrative therapy based interventions with groups of both primary and secondary aged CYP (Eames et al., 2016; German, 2013; Hirschson et al., 2018) (Table 7). All three studies used specific narrative therapy group interventions including Ncube's (2006) Tree of Life approach and the Team of Life approach (Eames et al., 2016). Exploration into the delivery of group interventions provides another perspective into the EP role in delivering narrative therapy approaches in a variety of formats.

The Tree of Life narrative therapy based approach was facilitated with a group of South African adolescents orphaned by AIDS to explore their grief stories (Hirschson et al., 2018). The dominant themes found included the expression of grief through creative arts and dominant social systems that disempower and marginalise adolescents orphaned by AIDS and resilience. The sub-

themes included connections to religion, grief and the sense of self, culture in

the children's home and cultural beliefs. This study provides insight into how

narrative therapy can be used as a group intervention and to support

adolescents with grief and loss. The qualitative design allowed for exploration

of participants' experiences and the critical ethnographic design afforded

attention to participants' cultural context. However, the findings cannot be

generalised to a UK context due to the research taking part in South Africa.

There may be cultural differences in the EP role and young people's

experiences that could impact the delivery and outcomes of the Tree of Life.

Wider implications were not discussed, suggesting that the findings were not

applicable more widely.

Although the author identifies as an EP, the role of the EP in delivering the

intervention was not discussed (Hirschson et al., 2018). The study

demonstrates how the Tree of Life can be integrated with group

psychotherapy. However, as the Tree of Life was used alongside other

methods, the positive outcomes may not be exclusively due to the use of the

impact of the Tree of Life intervention. Therefore, the positive outcomes

cannot be solely attributed to the Tree of Life. The process of eliciting themes

and subthemes as part of the discourse analysis was not described in detail.

There may have been experimenter bias as the intervention facilitator was

involved in the data analysis, which was subjective to their experience. There

was no direct measurement of the young people's views or experiences of the

group, limiting the extent to which the findings apply to them. Involving the

participants in the analysis through member validation could have helped to

ensure that the interpretations fitted with the young people's experiences (Seale, 1999).

The use of the Tree of Life approach with a whole class of Year 5 children in a UK school has been explored by German (2013). The author examined the effectiveness of the intervention in enhancing pupils' self-esteem and in developing their understanding of their own and their peers' culture. They found significant improvements in pupils' self-concept and cultural knowledge post intervention. Many pupils reported that they learnt about their own background and culture, other pupils' background and culture, and racism. They reported a positive effect of the intervention on pupils' relationships within the group. The pupils rated the Tree of Life intervention highly; the majority of pupils reported that they enjoyed taking part in it and could not think of anything they did not like. It was concluded that it is a powerful and collaborative tool and that EPs are well placed to deliver it.

Both German's (2013) and Hirschson et al.'s (2018) studies support the use of the Tree of Life intervention in promoting discussions around and enhanced understanding of culture. This is an important implication for practice that is linked to the EP role in being aware of the impact of cultural differences and promoting diversity (BPS, 2017; BPS, 2019). German's (2013) participant group and school setting are highly relevant to this review and illuminate how the EP role can be used to deliver cost effective group interventions that support CYP's mental health and emotional wellbeing. These studies support the use of group interventions as preventative and more cost effective

interventions to be used by EPs (German, 2013; Hirschson et al.'s, 2018). German's (2013) study was conducted in a UK school and it is more applicable to the UK population in comparison to Hirschson et al.'s (2018) study. German (2013) gathered the pupils' feedback around taking part in the group, which added evidence to the service user acceptability of the intervention. This demonstrates that it was effective and engaging. However, the author acknowledged that it was carried out in one primary school, limiting its generalisability of findings to other school settings. The method of qualitative data analysis was unclear and needs to be understood to interpret the findings drawn from the qualitative data.

Eames et al. (2016) similarly explored the use of a narrative therapy group approach that draws on Ncube's (2006) Tree of Life, called the Team of Life, with a class of UK pupils. The Team of Life approach is based on narrative therapy principles and draws on sporting metaphors to encourage CYP to recognise the strength and resilience in their life teams. It has a stronger focus on teamwork in comparison to the Tree of Life approach. The authors explored the impact of the intervention on the emotional wellbeing of secondary school pupils (Eames et al., 2016). Quantitative findings included significant positive changes in Goal Based Outcomes (GBOs; Law & Jacob, 2013) and significant reductions in emotional and behaviour difficulties measured by the Child Behaviour Checklist (CBCL; Achenbach & Rescorla, 2011) post intervention. Qualitative thematic analysis of participant feedback indicated that the intervention benefitted CYP relating to their experiences of

shared understanding, confidence, peer support and the positive impact of sport.

This study provides an insight into a new narrative therapy based group approach that could be implemented by EPs in UK schools (Eames et al., 2016). The research questions were clearly stated, and the mixed methods designed allowed for exploration of outcomes with an evaluative component. Both qualitative and quantitative analyses were described and appropriate. However, the relationship between the participants and researcher was not explored. The work was carried out between clinical and education psychology colleagues in relation to the promotion of positive mental health in schools. This supports the role of EPs working collaboratively as part of a multi-disciplinary team, which the Health and Care Professions Council (Health and Care Professions Council (HCPC), 2015) requires EPs to do. This is supported by the SEND Code of Practice (DfE & DoH, 2015), which outlines how establishing effective partnerships between different professionals will lead to better outcomes for CYP with SEND. However, the intervention was not directly delivered by EPs, limiting the extent to which this study can evidence the EP role in delivering narrative therapy based therapeutic interventions. Therefore, it is less relevant to the literature review question as it does not directly draw on the therapeutic role of the EP. Implications for practice were not discussed, however, it was acknowledged that it was a small pilot study and the authors planned further research to evaluate the effectiveness of the intervention on a larger scale.

2.4.2.2. Supporting CYP with Neurodevelopmental Disorders

Five papers used narrative therapy approaches to target the emotional

wellbeing and behaviour of children with neurodevelopmental disorders

including ADHD, Tourette's syndrome and Autism Spectrum Condition (ASC)

(Gilling, 2012; Hobbs et al., 2012; Looyeh et al., 2012; Wiest et al, 2001)

(Table 7). Three of which were reflective case studies, classified as practice

literature. The studies enabled fuller consideration of the range of needs the

narrative therapy can support.

2.4.2.2.1. Interventions with Individual CYP

Several accounts of reflective casework or practice literature identified the use

of narrative therapy with CYP with neurodevelopmental disorders including

ASC and Tourette's syndrome. Wiest et al. (2001) described the use of

narrative approaches such as externalisation and a therapeutic letter when

working with a 9-year-old boy with diagnoses of Tourette's syndrome,

Obsessive Compulsive Disorder (OCD), ADHD and learning disabilities who

felt very anxious about going into school. It was reported that his worry and

Tourette's syndrome had less of an influence over his life and that he was

able to exert more control over them after the intervention. Similarly, Hobbs et

al. (2012) outlined a piece of casework where narrative conversations

including externalisation were used with a Year 7 girl who had a diagnosis of

ASC who was described as having tantrums and refusing to co-operate at

home. It was concluded that the narrative therapy supported her to gain a

sense of responsibility and agency and she was able to adopt a more

reflective stance after the session. Gilling (2012) also used narrative therapy

with a child with ASC to explore his lived experience and how he made sense

of his difficulties from a social constructionist perspective. It was concluded that CYP are able to articulate their own experiences and professionals need to reconstruct views about problems collaboratively with CYP.

These studies illustrate the different ways that narrative therapy approaches can be used to support CYP with different neurodevelopmental disorders and individual needs to understand their difficulties and for others to understand them more holistically. Hobbs et al. (2012) and Gilling's (2012) papers are highly relevant to the review question as they focus on EPs' use of narrative therapy. Wiest et al.'s (2001) account of narrative therapy was similarly facilitated by an EP, however, the EP role was not mentioned. All three papers are credible as they were published in high quality peer reviewed journals. Gilling (2012) highlighted the importance of seeing each CYP as an individual with their own experiences rather than defining them by diagnosis. Therefore, narrative therapy was seen as a flexible tool for CYP experiencing difficulties rather than specific to diagnosis. These three studies described positive outcomes for the CYP and demonstrated how narrative therapy can promote collaborative working between CYP and professionals. However, as reflective accounts of casework, no recorded outcomes were reported. Therefore, the validity of the conclusions are unclear. These papers highlight a gap in research studies with measured outcomes around the EP role in delivering narrative therapy approaches with CYP with neurodevelopmental disorders.

2.4.2.2.2. Interventions with Groups of CYP

Looyeh et al. (2012) explored the effectiveness of group narrative therapy in improving the behaviour of 14 9-11 year old girls with ADHD. They found significant reductions in the specified symptoms measured by the CSI-4 after the intervention compared to controls, which were sustained at a 30-day follow up. They concluded that narrative therapy is a viable treatment option for girls with ADHD but further research is needed due to the small sample size. This study provides information into how EPs can facilitate group narrative therapy based interventions with CYP with ADHD and it suggests that group narrative therapy interventions can support these CYP (Looyeh et al., 2012).

However, a limited number of clinical outcomes were measured as only teacher behaviour ratings were used (Looyeh et al., 2012). This limits the extent to which findings can be generalised to home and community settings. The authors did not consider systemic factors such as the interaction between CYP and the school environment as an influence on behaviour. The lack of measurement of CYP's experience or views means that it is unclear whether they found the intervention helpful or engaging. It is unclear whether all participants were accounted for at conclusion as the 30 day follow up was only reported for 7 out of 14 participants. The research demonstrates how narrative therapy group interventions can be facilitated by EPs in school settings. However, the small sample size and context of the research that took place in Iran are both limitations that reduce the generalisability of findings to a UK population. The authors allude to mixed effects when treating children

with ADHD with other therapies. However, due to the waitlist control group, the findings cannot be compared to other therapies.

Hobbs et al. (2012) delivered a narrative therapy based intervention in a group context using a reflective team approach working with the adults around a 4-year-old child to thicken an alternative story about him. He had a dominant story of being unable to cope with change due to his diagnosis of ASC, which was incongruent with observations. The reflective team approach helped those around him to see his strengths and an alternative story emerged. The child's parents reported that they felt reassured and the teacher reported that she felt that she learnt more about the child's family and their hopes after the conversation. This demonstrates the flexibility of how narrative therapy principles can be integrated into different approaches and methods of delivery. Hobbs et al.'s (2012) casework is aligned with the approach described by Gilling (2016) of working with the adults around the child to achieve positive outcomes. It was an indirect method of using narrative therapy that helped to connect the systems around a child. It reflects different ways that narrative therapy can be used by EPs and how it can be used working systemically, which is a key function of the EP role. However, as a case study, the limitations previously described for reflective pieces of casework apply and this piece of casework needs to be interpreted with caution.

2.4.3.3. Supporting Parents

Two studies explored the use of narrative therapy based approaches directly with parents who were the focus of the interventions (McQueen & Hobbs,

2014; Rowley et al., 2020) (Table 7). These studies illuminate the flexibility of narrative therapy approaches in targeting different audiences and how this links to the EP role in working with parents/carers and teaching staff.

2.4.3.3.1. Interventions with Individual Parents

McQueen and Hobbs (2014) aimed to enhance the way that EPs work in partnership with parents through a series of narrative conversations with two parents who were concerned about their child who had been referred to CAMHS to explore a diagnosis of ASC. The conversations were further developed through the outsider witness process to thicken the stories. As part of this process, trainee EPs (TEPs) watched video clips of the conversations and discussed what resonated with them and what they took away from the experience. They concluded that the narrative conversations provided an opportunity for the parents to examine, reflect and give recognition to their own resources and skills as a couple and as individuals. They argued that narrative conversations with parents help to redress the balance of power and achieve genuine partnership.

This study provides a unique insight into how narrative therapy can be used to build genuine and collaborative partnership between parents and professionals (McQueen & Hobbs, 2014). A strength of the study is that it considers the systems around a child and the benefits of working with parents. This has positive implications for EP practice in working collaboratively with parents, which is encouraged by the SEND Code of Practice (DfE & DoH, 2015). However, the process of data analysis and application of activity theory to the research was not described in detail. It is

therefore unclear how rigorous this process was. There was not a clear statement of research findings. The relationship between the researcher and participants was not acknowledged. It is likely that the EP's dual role as EP and researcher could have impacted on their relationship with the parents and their participation in the research. The limitations of the case study are acknowledged.

2.4.3.3.2. Interventions with Groups of Parents

Rowley et al., (2020) explored parents' experiences of a group narrative therapy approach by using the Tree of Life with a group of six parents of children with SEND from ethnic minority backgrounds in a mainstream primary school. Three main themes of sharing, self-awareness and change were identified. The parents reported that they found the process of sharing their experiences helpful and reassuring that others felt the same way. They appreciated structured, weekly sessions as this helped them to bond. It increased their self-awareness of their strengths and how their own wellbeing impacts on their children. It led to transformations in their lives; parents felt stronger, noticed their emotional responses changed and felt that the impact of the sessions was on-going. It was concluded that the sessions brought the parents into contact with the school in a positive way.

Similarly to McQueen and Hobbs' (2014) study, Rowley et al. (2020) demonstrate the role of narrative therapy techniques in helping EPs to work collaboratively with parents and the importance of eliciting parent voice to lead to positive and transformative changes. Both studies used the outsider witness process to build on this. The Tree of Life was seen to promote the

exploration of culture, replicating this finding of German (2013) and Hirschson et al. (2018). These studies demonstrate that it is a tool that can be used with minority or marginalised groups to empower them and help their voices to be heard, following the BPS Code of Ethics and Conduct (2018) principle around respecting the dignity of others and considering issues of power. A strength of Rowley et al.'s (2020) study is that a participatory approach was used as a parent co-researcher was involved in the data analysis. This served as a form of member validation as the analysis was checked with a participant to determine whether the results were credible and dependable from their point of view (Seale, 1999). The relationship between researcher and participants was considered and the impact that this potentially had on findings was discussed in their limitations.

However, there are limitations to the study as the aims were not clearly stated and therefore the overall goals of the research were not clear (Rowley et al., 2020). Similar to previous studies described in this review, the small sample size included in the study means that the findings lack generalisability. The thematic analysis was based on secondary data as a graphic illustration from the focus group was used rather than the primary data of the focus group transcripts. Therefore, rich data from the focus group discussions may not have been included in the analysis.

2.5. Summary of Literature Review

The purpose of the review was to synthesise the evidence around the topic of Beads of Life and EPs delivering narrative therapy based approaches to achieve robust and broad conclusions and implications (Baumeister, 2013).

This literature review set out to explore the following questions:

1. What is the available research on Beads of Life?'

2. What is the available research on EPs' use of narrative therapy based approaches with CYP, parents and school staff?

The first literature review explored two articles where the Beads of Life process, theoretical frameworks and perceived impact was described (Portnoy et al., 2016; Portnoy & Ireland, 2020). The studies illustrate that Beads of Life is a unique intervention that can be used to support CYP with a variety of needs. It shows that it can potentially support CYP to build their confidence, share their stories, draw on their strengths and recognise support networks, and that this can support them through difficulties. However, the process of gathering and analysing feedback was not described and therefore valid conclusions about the impact of the intervention on CYP cannot be made. This shows that there is limited research that is exploratory in nature due and that further research is needed.

The second literature review looked at 11 articles where EPs used a variety of different narrative therapy based approaches. It demonstrates the variety and the range of application of narrative therapy approaches by EPs with individuals and groups of CYP between the ages of 8-15 years, parents and teachers. The findings show that narrative therapy can be successfully implemented to explore perceived problems, support CYP's emotional wellbeing and mental health, to build a better understanding of CYP as individuals not defined by their diagnosis, support cultural understanding and

to support parents. The reviewed studies therefore show that narrative therapy can be used flexibly by EPs in a variety of different formats and with different client groups to support them with their varied needs.

The narrative therapy techniques used in the different papers varied. However, the majority of studies used externalising and many of the studies incorporated literary means as processes of narrative therapy (Carr, 2001). Three studies used the Tree of Life approach and it was highlighted as a tool to facilitate conversations about culture and support cultural understanding (German, 2013; Hirschson et al., 2018; Rowley et al., 2020). Its use with parents and teachers demonstrates its positive implications in facilitating positive interactions between the adults within the systems around CYP. Many of the studies involved EPs collaborating with others and it was seen as a tool that promotes collaboration (Eames et al., 2016; German, 2013; Gilling, 2012; McQueen & Hobbs, 2014; Rowley et al.'s, 2020). Narrative therapy was seen as a powerful tool to build understanding and preferred narratives. All of the narrative therapy interventions were facilitated by EPs except for one study where EPs were involved in the consultation process and worked collaboratively with Clinical Psychologists but did not deliver the intervention (Eames et al., 2016).

The aims of narrative therapy varied between the studies and were not clearly stated in all studies. Narrative therapy was seen as a dynamic and flexible tool and the number of sessions varied between studies. However, this added to the complexity of evaluating and comparing studies. The majority of studies

implemented a mixed methods or qualitative design. The studies were exploratory and descriptive, with mixed methods studies demonstrating pre and post changes in behaviour ratings (Eames et al., 2016; German, 2013; Hannen & Woods, 2012). The gold standard of research is considered to be randomised controlled trials (RCTs) with participants being randomly assigned to treatment and control conditions. This type of research is aligned with quantitative research methods. However, qualitative research allows for more exploratory research and for a much richer picture to be drawn. It can be argued that exploratory research is highly beneficial as a means to gather initial information and experiences on EPs' use of narrative therapy due to there being very little information available regarding this. Consequently, qualitative approaches are more aligned with narrative therapy values. Many of the studies were aligned with a social constructionist philosophy, which is aligned with narrative therapy principles. This highlights a need for a way of reflecting high quality evidence within this paradigm.

Despite these positive findings, this review has shown that there is limited available research on EPs' use of narrative based approaches with CYP, parents and school staff due to the small number of available studies. This highlights the need for further exploration of EPs involvement in using narrative therapy approaches. The small sample sizes in the majority of studies limit generalisability of findings and further research is needed to explore the impact and build the evidence base. However, many of the published papers are descriptive case studies that are informative and help to disseminate information regarding how narrative therapy can be used by EPs.

The majority of studies were published in the Division of Educational and Child Psychology (DECP) journal which is widely read by EPs.

The studies all support the role of EPs delivering narrative therapy. This has implications in relation to government policy supporting preventative and early mental health interventions in school settings (Mental Health Taskforce, 2016; Public Health England, 2015). The literature suggests that EPs are appropriately placed professionals to deliver narrative therapy based interventions to support CYP's varied needs including SEMH needs. It also supports the therapeutic role of EPs in using narrative therapy with parents and teachers to support the emotional wellbeing and mental health of CYP. The review highlights a gap in the literature for Beads of Life with no published research on EPs use of Beads of Life. This supports the need for more research and the exploration of how EPs are using Beads of Life before engaging in further research investigating its usefulness with CYP and the systems around them.

Chapter Three: Methodology

3.1. Chapter Overview

This chapter explores the ontological and epistemological perspectives that were followed for the purpose of this research and their impact on the research. This follows with the research design, participant information and data collection procedures through semi-structured interviews. Reflexive thematic analysis (TA) is described as the approach that was selected for data analysis. This section includes the rationale for selecting reflexive TA and the procedure followed. A range of quality criteria and ethical considerations are reflected on to ensure high quality and ethical qualitative research. The relevance and impact on research is outlined.

As previously outlined, this research hopes to add to the evidence base of Beads of Life so as to inform EPs when EPs work therapeutically with CYP with a variety of different needs. It aims to explore EPs' experiences of using the Beads of Life intervention and their views on the intervention.

3.2. Theoretical Considerations

Research is informed and influenced by a researcher's view of the world (Cohen et al., 2013). It is therefore important to consider the philosophical underpinnings that the research is based on. A paradigm can be described as a belief system or world view that guides a researcher and defines the ontological and epistemological basis of research (Guba & Lincoln, 2005). It contains specific philosophical assumptions that guide thinking and action by a researcher (Mertens, 2014). A paradigm is underpinned by ontology,

epistemology and axiology, which influence the methodological decisions that a researcher makes. Ontology refers to the nature of reality and the study of being (Fox et al., 2007). Epistemology refers to the nature of knowledge and questions how a researcher can obtain the desired knowledge and understanding (Guba & Lincoln, 2005). The axiology is the philosophical study of value and ethics (Creswell & Creswell, 2017). Four main paradigms can be defined as positivist, constructivist, transformative or critical theory and pragmatic (Guba & Lincoln, 2005; Mertens, 2014).

A constructivist or relativist paradigm proposes that knowledge is constructed by people and researchers attempt to understand the world from the position of the people that live in it (Mertens, 2014). It rejects the idea that knowledge can be gained through objective and scientific methods as proposed by a positivist paradigm. It is underpinned by a relativist ontology which proposes that there is no absolute truth and multiple realities exist (Guba & Lincoln, 2005). It seeks to determine reality as perceived by different individual's personal accounts. Therefore, researchers who take this perspective value rich qualitative data from interviews and focus groups. Additionally, a constructivist paradigm acknowledges the close link between a researcher's own values and their research (Mertens, 2014). It therefore follows an epistemology that there is a strong connection between the researcher and participants and that values are made explicit. Researchers who are aligned with this position are more likely to place a high level of value on their own socio-political context and values due to the belief that meaning is constructed

in a social context. Qualitative research methodologies are more aligned with a constructivist or relativist paradigm.

In contrast to a constructivist or relativist paradigm, a positivist paradigm is underpinned by a realist ontological positions propose that reality is observable and exists independently of human minds (Guba & Lincoln, 2005). Positivists believe that scientific knowledge is objective, value free and scientific tools allow for accurate measurement of reality (Mertens, 2014). Research that follows a positivist stance aims to uncover objective truths. It is therefore aligned with an epistemology that believes in objectivity and the researcher observes in an objective manner (Mertens, 2014). Similarly, it is aligned with empiricism, that science can be observed and measured. It is closely aligned with using quantitative data that is collected systematically and is seen to be objective and reliable to answer research questions. The narrow stance of positivism was rejected by postpositivists who agree with the importance of objectivity but acknowledge that reality can only be understood subjectively (Guba & Lincoln, 2005).

Critical realism has emerged as a form of postpositivism, an alternative paradigm that integrates both positivist and constructionist ontological views. Claims of truth are seen to be based on probability in comparison to absolute certainty (Mertens, 2014). Postpositivism considers the wider socio-political factors that influence how beliefs and knowledge can be shaped, but to a lesser extent than constructivism. It acknowledges that research is fallible and methods need to be examined to reduce bias. A critical realist paradigm

follows an ontological view of realism; that a real world exists independently from our perceptions, theories and constructions (Maxwell, 2012). It accepts epistemological constructivism and relativism as it proposes that our understanding of the world is a construction from our own perspective. Unlike constructivist or relativist paradigms, it rejects the view that there are multiple realities. However, it accepts the idea that people have different, equally valid, perspectives on reality (Maxwell, 2012). Mental states and attributes are seen to be part of the real world, although not directly observable. Therefore, research that is aligned with a critical realist position aims to uncover people's different views on a reality that is seen to be real.

A critical realism methodology was selected for this research as it allowed for the exploration of multiple realities and experiences, which were analysed from a relativist position. It supported the exploratory purpose of this research. A critical realist position embraced the variation in EPs' views and experiences of the Beads of Life intervention but acknowledged that there were patterns and commonalities within their experiences that were valuable to reflect on. It allowed for exploration of these different viewpoints on participants' experiences of the Beads of Life intervention. The intervention was viewed as something that can be objectively outlined and defined from a position of reality. The researcher aimed to uncover participants' viewpoints on this objective reality.

3.3. Research Design

This research is aligned within a critical realist paradigm, exploring EPs' experiences of using the Beads of Life intervention. The purpose of the

research is exploratory as EPs' use of the Beads of Life intervention has not previously been researched. Therefore, the researcher sought to listen to participants' views and experiences and build greater understanding of how EPs use Beads of Life based on their ideas (Creswell & Creswell, 2017). It was thought that an exploratory approach would be more suitable to gather this initial information regarding Beads of Life. It has been recommended that exploratory studies are most appropriate when there is little available research around an area of interest (Robson, 2002). As previously stated, exploratory studies are highly beneficial to gather rich information and experiences and they are aligned with narrative therapy values. The methods and data are qualitative and followed a sequential exploratory design, where a data collection phase was followed by a data analysis phase. Qualitative methods allowed for the collection of rich data to support a more detailed understanding.

3.4. Participants

The population of interest were EPs (including TEPs, Senior EPs, Specialist EPs and Principle EPs) who had experience of carrying out the Beads of Life intervention with CYP. A purposive sampling approach was used as EPs were selected according to an inclusion and exclusion criteria that was relevant to the research questions. The aim was to recruit between 6-8 participants as this was deemed a suitable number recommended for interviews analysed by Thematic Analysis (Braun & Clarke, 2013). Braun and Clarke (2006) suggest that a suitable sample size provides enough data to make meaning and recognise patterns but not too much data that would overwhelm the process of analysis.

3.4.1. Participant Recruitment

Participants were recruited nationwide due to the limited sample of EPs that have facilitated the Beads of Life intervention and to reach a wide sample of EPs working in a variety of different services. EPs were approached through a recruitment email that was sent to EPs through the National Association of Principle Educational Psychologists (NAPEP), the Association of Educational Psychologists (AEP) newsletter and the EPNET EP forum (Appendix E). The head of NAPEP agreed to share the recruitment email with the NAPEP network of PEPs, who could choose whether to distribute it to EPs within their teams. Participants who responded to the advert were provided with the participant information sheet and further information on the research before deciding if they wanted to take part (Appendix F). They were given the opportunity to ask questions before completing a consent form (Appendix G).

3.4.2. Inclusion & Exclusion Criteria

Participants were recruited to take part if they provided informed consent and met the inclusion criteria for the study (Table 8).

Table 8

Participant Inclusion & Exclusion Criteria

Inclusion	Exclusion	Justification
Qualified EP or TEP completing a doctorate approved by the HCPC and accredited by the BPS	Not an EP or TEP (including Clinical Psychologists, Psychotherapists, Family Therapists, Assistant Psychologists)	The research aims to seek the views of EPs and TEPs as it aims to consider the EPs experiences of delivering Beads of Life

Inclusion	Exclusion	Justification
Working within the UK in a LA, private organisation, charity or clinical setting	Working outside of the UK	The research aims to explore the role of EPs working in the UK, which may be different to the EP role in different countries
Used Beads of Life intervention with at least one CYP (6-25 years) within the last 3 years	Has not used Beads of Life with at least one CYP (6-25 years) within the last 3 years	To ensure that participants could talk descriptively about their experience of using Beads of Life

3.4.3. Sample

A total of nine EPs responded to the research advertisements. Two respondents did not meet the inclusion criteria including one Principle EP who expressed interest in Beads of Life and sought information with the aim of introducing it to their service and another EP who had trained Teaching Assistants to use Beads of Life but had not used it directly with CYP.

Participants were asked to complete a short questionnaire to provide contextual information, including their role, years of experience as an EP and relevant training (Appendix H). They were asked whether they received training in narrative therapy and Beads of Life and to briefly describe this training. This information was considered to be useful when considering the impact of their own context on their experiences. This information was used to consider the extent to which the findings could be applied to other EP contexts (Table 9).

A total of seven participants were recruited and took part in the research. The participants included two Senior EPS, four Maingrade EPs and one TEP. Six of the participants worked in LAs and one worked at a charity. The length of time participants had been qualified EPs ranged from 1 to 10 years. All participants had received narrative therapy training and two participants had additional Beads of Life training.

Table 9

Participant Contextual Information

Participant	Role	Setting	Years of EP experience	Narrative therapy training	Beads of Life training
1	TEP	LA	2nd year TEP	Yes	No
2	Senior EP	LA	9 years	Yes	Yes
3	EP	LA	5 years	Yes	No
4	EP	LA	1 year	Yes	No
5	EP	LA	2 years	Yes	No
6	Senior EP	Charity	7 years	Yes	No
7	EP	LA	10 years	Yes	Yes

3.5. Data Collection

3.5.1. Semi-structured Interviews

A semi-structured interview method was selected as a way to gather rich and detailed information from participants due to the open-ended nature of interview responses from participants. Semi-structured interview questions allowed for the researcher to ask questions around key areas and guide the conversation to ensure that respondents remained on topic. It allowed for the interviewer to respond flexibly to the participants depending on the

experiences and views that they described. The researcher was able to further explore areas of interest that arose without needing to remain consistent to an interview script. This enabled flexibility in the order that questions were asked depending on how the participants answered the questions. This allowed for a more natural conversation, which was sought to help participants feel comfortable and speak openly.

Due to the COVID-19 pandemic and government guidance to avoid all non-essential travel and observe social distancing during June-July 2020, interviews took place virtually (Department for Transport, 2020). Virtual interviews were deemed to be the safest way to carry out the interviews in the COVID-19 context. Interviews took place via Zoom video conferencing software as recommended by the Tavistock & Portman NHS Trust's video conferencing guidelines. The disadvantages of conducting virtual interviews, such as technical difficulties, were carefully considered. However, careful planning and testing of software was done to overcome these potential difficulties. In the COVID-19 context, many EP Services (and other organisations) had moved to remote working where possible and are using online platforms such as Zoom or Microsoft Teams for meetings and consultations. It was therefore hoped that using a virtual platform in this research would not be unfamiliar to participants. The virtual nature of the interview did not appear to have a significant impact on participant responses.

3.5.2. Interview Procedure

Participants took part in a 30-45 minute semi-structured interview with the researcher. A semi-structured interview schedule was followed, and

participants were asked about their views and experiences of Beads of Life (Appendix I). At the start of the interview, the internet connection and accessibility were checked. Participants were given the opportunity to ask any questions, they were asked whether they were still happy to take part in the interview and for the recording to begin. The interview schedule followed Robson's (2002) proposed semi-structured interview structure; starting with a warm up question to cue the participant into the topic of discussion, followed by the main body of questions focused on the research area, and ending with a less demanding final question that brought the interview to a conclusion. Participants were asked about their experiences of using the Beads of Life intervention with CYP and their views on the Beads of Life intervention including facilitating factors and barriers, following the semi-structured interview schedule. The order by which the interview questions were asked, and which follow up questions asked varied depending on the participant's answers. This ensured that the interview conversations flowed in a natural way. Debriefing involved providing participants with an opportunity to ask any questions about the research. Participants were thanked for their involvement and reminded that they could make contact by email for any further comments or questions.

The interviews were audio recorded and stored on an encrypted laptop and anonymised upon transcription. The data was anonymised following guidance from Braun and Clarke (2013). This included changing identifiable information such as a people's names, places and events into appropriate alternatives. Both the audio recordings and transcripts were used for data analysis.

3.6. Data Analysis

The data was analysed using Braun and Clarke's (2006; 2019) six stages of reflexive TA as it was deemed most suitable for the data and approach taken. TA involves following a systematic and rigorous process to become familiar with the data, generate initial codes, search for themes, review themes, and define themes. It is recognised as a useful way of identifying shared meaning across data through the identification of codes and later themes. It is carried out across a data set to find shared patterns of meaning across data from different participants (Braun & Clarke, 2006). It is a fluid and recursive approach that offers flexibility to the researcher (Braun & Clarke, 2019).

3.6.1. Rationale for Reflexive Thematic Analysis

Reflexive TA was selected as the most appropriate method of analysis for the purpose of this research after several other methodologies were explored. Grounded theory was rejected as it is a method that aims to generate theories from a data set rather than to explore views and experiences as the current research aimed to do (Creswell & Creswell, 2017). Similarly, discourse analysis was not suitable for this research as it is recommended to be used with naturalistic conversations rather than semi-structured interviews. Discourse analysis is used to study language and meaning within its context, following a social constructionist approach (Harper & Thompson, 2011). In comparison, the current study aimed to explore views and experiences across participants following a critical realist position that would not align with discourse analysis. Interpersonal phenomenological analysis (IPA) was not considered best fit for this research due to its focus on providing detailed examinations of personal lived experience, which was not the focus of this

research. IPA focuses on how people make sense of their experiences (Harper & Thompson, 2011). In contrast, the current research aimed to explore the views and experiences of multiple EPs and consider commonalities between their experiences to inform wider practice.

Reflexive TA was seen to be appropriate for the current research as the purpose of TA is to identify patterns of meaning across data to answer research questions. It allowed for commonalities and shared themes to be identified across participants. It provided a structure for identifying themes that were drawn inductively to answer the research questions and reveal new and insightful information about EPs' use of Beads of Life (Braun & Clarke, 2019). Reflexive TA was selected as it is aligned with the critical realist orientation that was taken in this research. Braun and Clarke (2006) suggest that TA can be carried out within both a realist and constructionist paradigm with different outcomes for each. From a constructionist paradigm, meaning and experience is seen to be produced and co-constructed socially, which is recognised when shared patterns are found across the data. However, from a realist approach, motivation, experience and meaning can be interpreted in a straightforward way as a unidirectional relationship between meaning and experience. The current research takes a critical realist position, acknowledging that participants have different views and experiences of reality and that shared views and experiences, that are perceived as real, are found in patterns across the data using reflexive TA.

3.6.2. Data Analysis Procedure

Braun and Clarke's (2006; 2013; 2019) six stage process of reflexive TA was closely followed, which included the following stages that were followed in a non-linear process; familiarisation with the data, generating codes, generating themes, reviewing the themes, defining and naming the themes and writing up the analysis.

MAXQDA, a computer-assisted qualitative data analysis software programme was used as a tool to aid the generation of codes and themes (MAXQDA, 2020). Interview data was transported into the software. It allowed for organisation of the data, quick searching for codes and data, and increased the efficiency of this process.

Stage 1. Familiarisation with the Data

The researcher became immersed in the data as part of the familiarisation process (Braun & Clarke, 2013). The researcher transcribed each interview as this was seen as an opportunity to become familiar with the data as an early stage in the familiarisation process (Riessman, 1993). The interviews were transcribed following Braun and Clarke's (2013) transcription notation system for orthographic transcription. A quality transcription can be classified as providing clear signals around what is said, identification of the person speaking and all verbal utterances from all speakers. The notation system allowed for the spoken language to be translated clearly and consistently. It helped to ensure that the process was thorough and meticulous. The researcher actively read through the whole data set several times as part of this process. This was conducted in an analytical and critical manner to

generate and record initial thoughts about the dataset. The researcher

reflected on the following questions and made notes whilst reading the data

(Braun & Clarke, 2013, p.205):

"How does the participant make sense of their experiences?

Why might they be making sense of their experiences in this way?

In what different ways do they make sense of the topic discussed?

What assumptions do they make in talking about the world?"

Considering these questions helped the researcher to read the data from a

critical stance and begin to consider the meaning of the data.

Stage 2. Generation of Codes

Aspects of the data that were related to the research questions were coded

through this stage of the process. Complete coding was carried out where the

entire dataset was processed and each data item was given equal attention

(Braun & Clarke, 2013).   Data that was of relevance to the research

questions was selected and coded. Codes were given as brief phrases that

attempted to capture the essence of why the piece of data was useful, as

instructed by Braun and Clarke (2013). Several coding sweeps were carried

out where the whole dataset was read through multiple times and coded.

Codes were refined each time the dataset was read through. All interviews

and data items were given equal attention during this process. This process

was viewed as a subjective and an organic process. The final step involved

collating codes.

Inductive Approach to Coding

An inductive approach to coding was taken where the analysis was driven by the data and not pre-existing knowledge. The aim of the research was to explore EPs' experiences of Beads of Life, an approach where little is known regarding their views and experiences as no literature exists in relation to EPs' use of Beads of Life. This approach was taken to facilitate the discovery of new knowledge in relation to the topic.

Semantic and Latent Coding

The codes were either semantic, latent or both (Braun & Clarke, 2013). The majority of the codes were semantic codes or data-driven codes that provided a summary of the explicit or obvious content of the data meaning. In comparison, latent or researcher-driven codes capture underlying ideas that have an implicit meaning or hidden motive. Both a semantic and latent approach was taken in this research to both reflect the data context and to identify underlying beliefs and assumptions within the data.

Stage 3. Generation of Themes

The codes were collated into themes that were identified as bigger patterns across the coded data and involved multiple data items. A theme:

"captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set" (Braun & Clarke, 2006, p. 82).

A theme is a pattern of shared meaning that is underpinned by a central organising concept. A central organising concept is informative about the

content of the data that is meaningful in relation to the research questions. Generating themes was an active process that involved the researcher reading and re-reading the data (Braun & Clarke, 2019). The codes and collated items in relation to each code were reviewed to identify similarities between the codes. The initial themes were identified as candidate themes and they were later revised and refined.

Stage 4. Review of Themes

Braun and Clarke's (2013, p. 226) *"good questions to ask yourself in developing themes"* were asked by the researcher to define and refine the themes. Thematic visual mapping was carried out to visually explore the relationship between codes, themes, subthemes and overarching themes. The themes were checked in relation to the coded extracts and the entire data set. The collated and coded data was read to ensure that each theme was appropriate (Braun & Clarke, 2013). This helped to ensure that the themes were coherent, distinctive and worked well together. The themes were further reviewed by going through the whole dataset to ensure that the themes captured the meaning of the data in relation to the research questions.

Stage 5. Definition and Naming of Themes

A clear name or label and description was given to each theme. This definition provided information about what was unique and specific about each theme (Braun & Clarke, 2013). It helped to ensure a clear focus of each theme and boundaries around each theme to avoid overlap.

Stage 6. Writing Up

The analysis was drawn together as part of the writing process. Extracts were selected to illustrate the story told in each theme that related back to the research questions. Examples were selected to use the data analytically. The final visual thematic map, overarching themes, themes and subthemes are reported in 'Chapter Four' of this thesis.

3.7. Quality Criteria

It has been argued that the quality of qualitative research cannot be judged as it is not based on a simple philosophical assumption (Harper & Thompson, 2011). The criteria of reliability and validity that are applied to quantitative methodologies are not broadly applicable to qualitative research. It is acknowledged that the researcher strongly influences the research process in qualitative research. The quality of the current research was considered in relation to reflexivity, credibility, transferability, dependability and confirmability as criteria that are considered to be more appropriate to check the quality of qualitative research (Lincoln & Guba, 1985).

3.7.1. Reflexivity

The researcher followed Braun and Clarke's (2013) guidance and an effort was made to be a reflexive researcher. Reflexivity concerns the practice of critically reflecting on the research including one's own role as a researcher and one's relation to knowledge. It acknowledges that the researcher has an important role in the whole research process. It involves the researcher reflecting on their own values, experiences, interests, beliefs and social identities due to the influence that these factors have on the research (Nightingale & Cromby, 1999). The reflexivity process involved the researcher

acknowledging their own experience of attending Beads of Life training and personally facilitating Beads of Life intervention groups with CYP. It was recognised that it could be challenging for the researcher to be completely open to the experiences that the participants brought. This was overcome by the researcher being curious and open to hearing about the views and experiences that each participant brought. This was reflected on during supervision and as part of a reflective journal after each interview to aid the researcher's reflexivity.

3.7.2. Credibility

Credibility can be described as the extent to which confidence can be placed in the truthfulness of the findings (Korstjens & Moser, 2018). Credibility was ensured in this research through prolonged engagement with the data. A credible method of data analysis, reflexive TA, was used (Braun & Clarke, 2019). Time was invested in the familiarisation process of data analysis. Member validation, where participants check the analysis to determine credibility of the results, could have improved the credibility of the research (Seale, 1999). However, another TEP checked a small sample of the codes and themes and their views aligned with those of the researcher.

3.7.3. Transferability

Transferability can be described as the extent to which the findings can be transferred to different contexts (Korstjens & Moser, 2018). Transferability was sought through describing the context in relation to the participants' experiences through linking to the UK context of the EP role and contextual information gathered regarding each participant. Participants were recruited nationwide to extend the sample and increase transferability of findings to

EPs across the UK. However, it is acknowledged that the small sample size limits the transferability to different contexts.

3.7.4. Dependability

Dependability can be described as the extent to which the findings are stable over time (Korstjens & Moser, 2018). The processes of data collection and analysis were considered to be logical, transparent and clearly documented to ensure dependability (Tobin & Begley, 2004). Braun and Clarke's (2013, p. 287) "15-point checklist of criteria for good thematic analysis" was used to ensure high quality TA (Appendix J). The checklist was followed in relation to the transcription, coding, analysis and written report stages. The original interview recordings and transcripts were retained. It was hoped that the steps were clearly documented and would allow other researchers to replicate the methodology.

3.7.5. Confirmability

Confirmability can be described as the extent to which the researcher's interpretations of the findings are linked to the data (Nowell et al., 2017). It is similar to internal validity and seeks to ensure that the research measures what it intends to measure. A systematic approach to data analysis was followed using a credible method of data analysis, reflexive TA (Braun & Clarke, 2019). Participants were helped to feel at ease due to an informal conversation at the start of the interview. The interview took place in a location of their choice due to the interviews being virtual, helping participants to feel comfortable in their surroundings. This helped participants to speak honestly, contributing to increased confirmability. The credibility, transferability

and dependability criteria were considered to have been met, and therefore allowed for confirmability to be established.

3.8. Ethical Considerations

Ethical approval was given by the Tavistock & Portman NHS Trust Ethics Committee (Appendix K). The research was conducted in accordance with the BPS's Code of Human Research Ethics (2014). The following ethical considerations were followed throughout the research process.

3.8.1. Informed Consent

The purpose of the research was fully explained to all participants through the thorough participant information sheet prior to participants giving written informed consent (Appendices F & G). The participants were all of adult age and they were all able to read the participant information sheet. All participants confirmed that they understood the information sheet and they were given the opportunity to ask any questions before the interview began. Written informed consent was obtained from all participants. There were no issues of deception in this study as participants were made aware of the research aims prior to taking part. Participants were thanked and debriefed following the completion of the study.

3.8.2. Right to Withdraw

Participants were aware that their participation was voluntary. They were informed that they were under no obligation to take part in the research and that they could withdraw at any time without giving a reason. They were made aware that they could decline to answer any of the interview questions. This was outlined in the participant information sheet and participants confirmed

that they understood the information outlined in the participant information sheet.

3.8.3. Confidentiality & Anonymity

The Data Protection Act's (1998) principles were followed to protect the privacy of participants. The participants were given identification numbers that were used on their questionnaires and interview transcripts to preserve anonymity and confidentiality. Participant names and any identifiable information, such as workplace or location, was removed from the interview transcripts at the point of transcription. Participants were referred to as 'participant' in the interview transcripts. They were made aware that the small sample size could have implications for anonymity. Participant names and contact details were stored securely on a separate Microsoft Excel file. Consent forms, containing personal information, were similarly stored securely separately from the questionnaires and transcripts. All data was stored on an encrypted laptop. The anonymous data was shared with the researcher's supervisor and all data was shared securely via encrypted email. Participants were made aware of how their information was stored.

3.8.4. Power Imbalance

Power relationships were considered in this research. Researchers are often in a position of power in comparison to participants which means that there is a need for researchers to reduce this imbalance (Mishler, 1999). The majority of participants were qualified EPs and the researcher was a TEP. As a more qualified professional, this put the EP participants in a position of power, lessening the power imbalance between researcher and participants. The researcher aimed to help participants feel at ease by welcoming them warmly

and having an initial conversation about the research at the start of the interviews.

3.8.5. Protection from Harm

The interview topic was very unlikely to put participants at risk of harm. Participants were made aware of the topic and interview purpose before taking part and were able to withdraw at any time without giving a reason. None of the participants indicated any emotional distress during or after the interview and further support was not required.

3.9. Relevance and Impact on Research

It was hoped that the interview experience would give participants an opportunity to reflect on their experiences, supporting their future practice. This research could provide EPs with a better understanding on their role in delivering narrative therapy interventions and specifically Beads of Life.

Chapter Four: Results

4.1. Chapter Overview

This chapter provides an overview of the findings following reflexive TA of participant interviews that aims to explore EPs' views and experiences on Beads of Life (Braun & Clarke, 2019). The identified themes are presented through a thematic map that demonstrates the relationships between overarching themes, themes and subthemes. Overarching themes, themes and subthemes are analysed and supported by quotations from participant interviews. This chapter is organised by overarching themes in comparison to research questions as the themes were identified following the inductive nature of reflexive thematic analysis. The research questions are answered implicitly through the analysis of themes at all levels and they are addressed explicitly in 'Chapter 5. Discussion'.

4.2. Participants' Beads of Life Interventions

Participants described their experiences of facilitating the Beads of Life intervention with a variety of CYP of different ages and with different presenting needs. The format by which participants facilitated the Beads of Life intervention with CYP also differed. This contextual information of how each participant facilitated Beads of Life can be found in Table 10.

Table 10

Beads of Life Intervention Format & Client Group

ID	Format	Needs of CYP	Age of CYP
1	Group	SEMH needs	7-9 year olds
2	Individual & 2 friends	Hearing impairment	9-10 year olds
3	1) Individual & 1 friend 2) Individual	1) Young carer 2) Medical needs	Unknown
4	Individual & 1 friend	SEMH needs	12-13 year olds
5	Individual	Medical needs	12-13 year old
6	1) Individual 2) Group	1) Brain injury 2) Siblings of CYP with medical needs	9-14 year olds
7	Group	Friendship difficulties	13-14 year olds

4.3. Overview of Themes

Five overarching themes were identified; 1. Positive experience for CYP, 2.

Positive influence on CYP, 3. Challenges, 4. Systemic support and 5. EP role.

The following thematic map demonstrate the themes and subthemes

associated with the overarching themes (Figure 2).

Figure 2 - *Thematic Map*

1. Positive experience for CYP
- 1.1. Collaborative relationships
  - 1.1.1. Empowering for CYP
  - 1.1.2. CYP involvement in contracting
  - 1.1.3. Flexibility
- 1.2. Sense of safety
  - 1.2.1. Non-threatening
  - 1.2.2. Reliable structure
- 1.3. Unique therapeutic approach
  - 1.3.1. Power of beads
- 1.4. Enjoyment

2. Positive influence on CYP
- 2.1. Facilitated connections with others
  - 2.1.1. Connections within the intervention group
  - 2.1.2. Connections outside the intervention group
- 2.2. Developed strengths
  - 2.2.1. Realised their strengths
  - 2.2.2. Improved confidence

3. Challenges
- 3.1. Interruption to sessions
- 3.2. Externalising the problem
- 3.3. CYP understanding & engagement
- 3.4. Access to resources

4. Systemic support
- 4.1. Parent involvement
- 4.2. School engagement
  - 4.2.1. Nurturing schools with a SEMH focus
  - 4.2.2. Schools understanding & valuing Beads of Life
- 4.3. EPS support
  - 4.3.1. Peer supervision & support
  - 4.3.2. EPS values & service delivery

5. EP role
- 5.1. Time & workload
  - 5.1.1. EP time allocation
  - 5.1.2. TEP time & tasks
- 5.2. Skills & experience
  - 5.2.1. Therapeutic skills
  - 5.2.2. Narrative therapy understanding & training
  - 5.2.3. New & out of comfort zone
- 5.3. Engagement
  - 5.3.1. Interest & enjoyment
  - 5.3.2. Awareness

Overarching theme → Theme → Subtheme

4.4. Overarching Theme 1: Positive Experience for CYP

This overarching theme reflects participants' perceptions of the Beads of Life intervention as providing a positive and enjoyable experience for CYP. It is comprised of four themes; 1.1. Collaborative relationships, 1.2. Sense of safety, 1.3. Unique therapeutic approach and 1.4. Enjoyment which were identified by participants as factors that enabled CYP to feel comfortable and engage with the intervention.

4.4.1. Theme 1.1: Collaborative Relationships

Figure 3
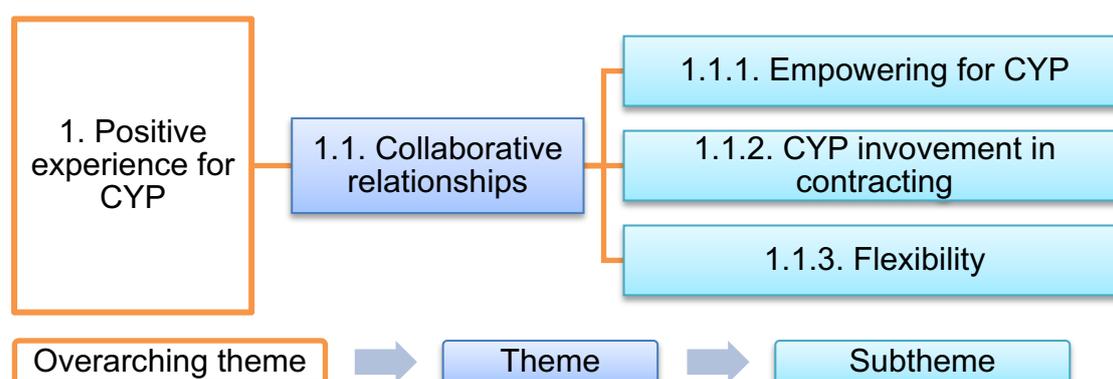
Theme 1.1. Collaborative Relationships Thematic Map

This theme explores the collaborative relationship between EPs and CYP that was perceived to be a facilitative factor that helped to engage and support CYP as part of the intervention. The three subthemes detail elements of the intervention that contributed towards it being perceived as collaborative.

Participants viewed themselves as EPs and CYP as equal members of the intervention group and they described themselves as being well connected with group members. Participant 1 (paragraph 11 in the interview transcript)

used the words 'we' and 'bond' to suggest a collaborative relationship between EP facilitators and CYP participants:

> *"It kind of felt like we had a bond as a group and we started to sort of share things"*

Participant 3 (paragraph 5) similarly shared that she viewed herself an equal member within the intervention group:

> *"I kind of made up the other person in the in the group as well why I did it and I think that was helpful to make it more kind of a collaborative rather than an adult that's you know just being in charge or guiding something actually I was part of it and I was sharing as much as they were sharing"*

The process was described as being collaborative in contrast to EPs taking a leadership role. This suggests that the CYP were jointly involved in the intervention processes. Participant 2 (paragraph 25) explained that gaining the CYP's viewpoint was helpful in identifying their perception of their difficulties:

> *"It's really respectful if and where the children are at it may have come from an adult based problem but actually it helps the child to identify what is significant to them at that moment in time and to sort*

of give them that safe space to explore that a little bit more without

some of those adult perceptions of support"

These examples suggest that Beads of Life was viewed as a child centred approach. Participants 1 and 5 acknowledged the positive impact of spending time working collaboratively with CYP. Participant 1 (paragraph 15) stated:

"Having valued time with someone actually just sits and listens to them because they don't have that time within school ordinarily"

Similarly, Participant 5 (paragraph 9) emphasised the importance of quality time with an adult as an enjoyable and engaging experience:

"I think that the bonus for her was that she enjoyed the time she enjoyed the adult time she engaged with it she got the opportunity to tell her story"

This suggests that both quality and quantity of time that EPs spent with CYP as part of a collaborative relationship contributed towards CYP feeling comfortable and engaged. This is not necessarily unique to the Beads of Life intervention. However, there are likely aspects of the Beads of Life intervention that enable EPs as facilitators to take on a collaborative role that enabled this relationship.

Subtheme 1.1.1. Empowering for CYP

Three participants specifically proposed that CYP felt empowered within the intervention group to share their stories as *"experts in their own lives"* (participant 4, paragraph 21). Participant 4 further explained:

> *"We just make such huge assumptions sometimes about what's best for the people and what other people might want out of their lives and actually it's better to hear it from them and to kind of follow their own values and I think the Beads of Life just really allows you to do that"*

Similarly, Participant 2 (paragraph 23) stated:

> *"It is useful to have narrative tools to help people to understand and work through and develop their stories in the way that they want to."*

These extracts suggest that participants thought that the CYP felt empowered to take the lead in sharing their experiences with their views and values being central. Furthermore, Participants 2 and 5 emphasised the role of CYP having a sense of agency and control in sharing their stories. Participant 5 (paragraph 5) explained:

> *"It was poignant for her in the sense that because of how it was set up and how she had control of what she shared"*

These extracts demonstrate that participants perceived CYP to feel a sense of power and control over what they shared as part of the intervention. The collaborative relationship appeared to contribute towards CYP feeling comfortable and empowered.

Subtheme 1.1.2. CYP Involvement in Contracting

Five participants explained that they fully involved CYP in the decision-making process around whether they wanted to engage in Beads of Life. Participants described it as a collaborative process by fully informing CYP as a central part of the contracting process for their involvement in the intervention. Participant 4 (paragraph 27) explained:

"I would never expect that you could just go in and do it without just really discussing it with all of the people involved first. I think it needs to be carefully considered and I think inviting the young person to do that with you is quite a nice way of doing it because again it allows them to be in control"

This demonstrates the importance of the CYP being given a sense of control and agency over their involvement. Participant 3 (paragraph 28) described the collaborative contracting approach that she took:

"I said to her 'Maybe we could just have a chat about it and if you know well we'll have a little trial going session and we'll talk about the process of that and then if you don't want to that's fine you don't

have to do it' and once we talked she was like 'Oh okay yeah I think

that sounds okay'"

These examples demonstrate a respectful and collaborative process between EPs and CYP that participants later described as being evident throughout the Beads of Life intervention.

Subtheme 1.1.3. Flexibility

Beads of Life was viewed as a tool that could be adapted and used flexibly to meet the individual needs of CYP by four participants. Participant 5 (paragraph 5) explained that she adapted the 'outsider witness' section based on what she had formulated about the CYP's needs from the initial assessment:

"There needs to be some flexibility and it would depend kind of on

her needs then so I split the outsider witness into two because there

was a kind of what had come out of some of the initial casework"

Similarly, Participant 4 (paragraph 23) stated that she would always alter the intervention based on the CYP's individual needs and increase accessibility:

"I would always probably alter it slightly to fit with the young person

I was working with if I felt like it needed to be so I always tailor it I

suppose I wouldn't just ask the specific questions maybe that are

laid out. So when I used it with this young girl I created my own

prompt questions based upon the Sara Portnoy article and I had

discussions with my supervisor who'd been on the training. I created my own question framework around it that I felt would then be accessible to this young girl"

This view corresponded with Participant 6 (paragraph 25) who thought carefully about adjusting the intervention to meet the needs of a CYP who had medical needs by starting with the 'outsider witness' process. She explained that this adaptation gave the CYP the opportunity to listen to other people present them with beads before needing to actively engage in telling their story, which consequently helped to engage the CYP:

"I really had to think about Beads of Life with her and whereas normally you get young people kind of diving in and wanting to start even if it's a kind of safe and easy story to tell with her I kind of knew from the outset and from kind of just trialling it that wasn't going to work so we kind of had to turn it on its head a little"

This subtheme demonstrates that participants were respectful of and responsive to CYP's individual needs. They were flexible in their use of the Beads of Life intervention to ensure that the CYP were able to comfortably access and engage with the intervention.

4.4.2. Theme 1.2: Sense of Safety

Figure 4
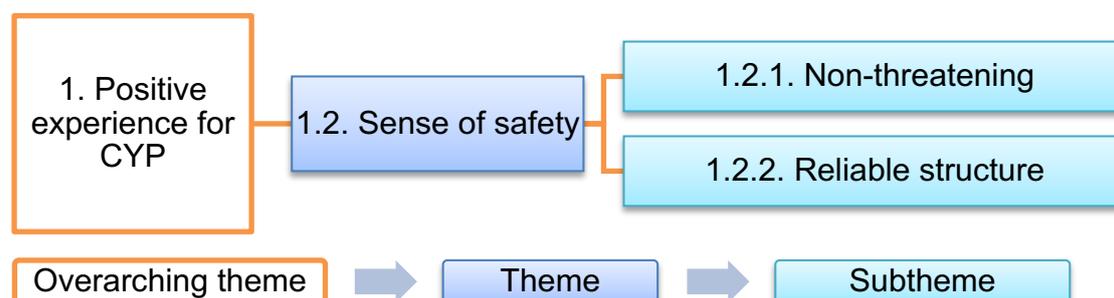
Theme 1.2. Sense of Safety Thematic Map

All participants highlighted the importance of creating a space where CYP felt comfortable and safe to be able to share their experiences. The role of the EP as facilitator was highlighted as being important to create a sense of safety by Participant 6 (paragraph 43) who stated:

> *"I think you need to feel safe and secure within that work to then provide a safe space for the young person"*

Another factor that was identified as contributing towards creating a safe space was a consistent physical space. Participant 3 (paragraph 15) explained:

> *"Having an emotionally safe space in order to be like and share things you know being interrupted is not good"*

Therefore, relational factors including the facilitator, and environmental factors such as the physical space were identified as important in contributing towards creating a sense of safety for CYP.

Subtheme 1.2.1. Non-threatening

Four participants described Beads of Life as a non-threatening approach, indicating a comfortable and relaxed environment for CYP. Participants hypothesised that the bright and colourful visual physical beads contributed towards it being a non-threatening approach. Participant 7 (paragraph 19) explained:

> *"It's just not threatening because you've got the beads there as the visual and people are focused on the beads and sharing"*

Similarly, Participant 4 (paragraph 7) shared that the beads added an element of interest and made the intervention feel more relaxed for CYP:

> *"It's quite nonthreatening, I think children find it quite intriguing because it's something a bit different. I had a really bright colourful box loads of different beads and just tried to make it as appealing as possible really and just tried to make it quite relaxed"*

Furthermore, Participant 6 (paragraph 19) explained that the focus on physical beads helped to bring an additional element into the relational dynamic of the intervention, contributing towards it being non-threatening:

"There is something about having the physical thing that you're working with that kind of detracts from it being too much focus on you, it's kind of brings the third thing into the into the dynamic which then helps to make it a bit less threatening"

This data therefore demonstrates that the physical beads added an additional element into the therapeutic dynamic which helped CYP to feel comfortable and relaxed when engaging in the intervention.

Subtheme 1.2.2. Reliable Structure

Four participants reflected on how the structure of the Beads of Life intervention contributed towards feelings of safety and comfort for CYP. The intervention was described as being well structured but as previously stated in 'Subtheme 1.1.3. Flexibility', it could be adapted and used flexibly. Participants 3 and 7 recognised the link between having a reliable structure and a feeling of safety for CYP. Participant 7 (paragraph 21) explained:

"The structure of it provides a really sort of safe experience for the young people so other group interventions sometimes I think there's not such a structure and it's not so tightly held"

Similarly, Participant 3 (paragraph 30) stated:

"The structure of it doesn't make it as directed, you're still doing the same things in a more indirect and less kind of confronting way and I think that almost maybe that feels safer"

The first part of the Beads of Life intervention is structured so that CYP reflect on their strengths before moving onto difficulties in the second part. Participant 6 (paragraph 19) reflected on how this structure creates a sense of safety for CYP:

"I think the other thing that works well is the strengths-based kind of approach […] I just think it creates a safe space that the child can then can then explore more difficult things"

Therefore, the predictability of having a reliable helped the facilitator and CYP feel safer and more relaxed. The order of the intervention activities that begin by helping CYP to identify their strengths further supported a safe experience.

4.4.3. Theme 1.3: Unique Therapeutic Approach

Figure 5
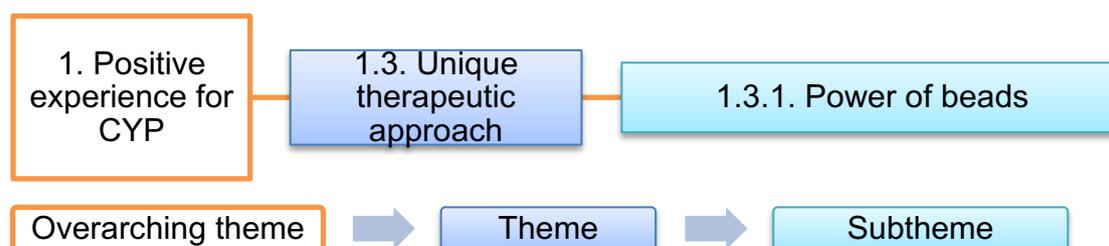
Theme 1.3. Unique Therapeutic Approach Thematic Map

Four participants described several elements of Beads of Life as being unique in comparison to other therapeutic approaches. They described this as contributing towards creating a containing experience for CYP. Participant 3 (paragraph 5) compared Beads of Life to a CYP's previous experience of

talking therapy. She highlighted the indirect nature of Beads of Life, having a friend present and thickening positive stories in the CYP's life as unique helpful features of Beads of Life:

> *"They tried to do some other kind of intervention things with her to support her emotions and she not really liked it and not responded to it particularly well she's like 'I don't really want to talk about it I don't want to keep going with this I don't want it' so anything that was more directive about you know you know what's the experience and things like that she was finding that quite tricky and so we thought that this might be a good idea because she could do it with friend and she could and also it's not as direct about the caring side of things it's about you know thickening other stories within her life"*

Participants 5 and 6 proposed that a unique feature of Beads of Life is its focus on strengths and helping CYP to build positive stories of their lives. This was contrasted to approaches that focus on difficulties. Building on theme 'Subtheme 1.2.2. Reliable structure', the strengths focus was highlighted as a unique element of the Beads of Life intervention by Participant 5 (paragraph 7):

> *"I think it being something completely different to the other work that she had before which had always been based around her needs and what wasn't working, this was quite flipped on its head in terms of*

we started what was working and sharing things that she liked and

enjoyed so I think she got a lot from that as well"

Subtheme 1.3.1. Power of Beads

All participants highlighted the impact of the physical beads as a unique element of the intervention. This subtheme links to and builds on 'Subtheme 1.2.1. Non-threatening' which identified the colourful beads as an enabling factor to help CYP feel comfortable and relaxed. This subtheme further explores how the physical beads were viewed as facilitative in a variety of different ways. Participant 1 (paragraph 15) explained that the beads provided a visual representation and helped CYP to recognise their own strengths:

> *"The physical thread with the beads on was great as well because*
> *they can see that actually each bead here represents something that*
> *I have in my life something that maybe I'm good at something that*
> *people value about me […] it's a physical thing"*

Participant 2 (paragraph 23) explained the kinaesthetic nature of the beads through movement and touch brought greater connection in comparison to other narrative therapy based approaches:

> *"It's unique from tree of life is that it allows the movement and feel of*
> *the object a little bit more. I feel that although I've seen children*
> *identify with their trees that it's tended to be with on a particular piece*
> *of paper and actually I feel that there's a greater connection in my*
> *experience. When I've used both there's a greater connection with*

the beads for whatever reason, whether it's because they pick them up they handed them to a friend threaded for them and they're able to then take the thread and retell the narrative using the beads as a prompt"

The beads were viewed as a physical prompt and tool for CYP to retell their stories beyond the intervention. Participants 4 and 6 explored the role of the physical beads as a tool to support the conversations and how the beads brought an extra dynamic into the conversation. Participant 4 (paragraph 19) explained that the beads helped to bring an additional element into the conversation that supported the CYP to feel more comfortable:

"I think the reason the intervention works so well is because there was something else in the conversation it wasn't just me and a young person talking with that pressure of the face to face I'm asking your question and you have to answer me I think having that additional tool was really helpful and it wasn't just something to look at it was something to physically do and manipulate and kind of you can get a little bit lost in doing that, I think I think it's called distanciation I don't know if that's a word that you are familiar with but it was something that came across at the time when I was thinking about why it worked so well and I think it just it felt like more of a triangle as opposed to it being directly as just another element to that conversation"

Four participants commented on the role of the physical beads as a means to document and share CYP's stories. Participant 6 (paragraph 19) explained that this documentation element of the intervention supported CYP to share with others and look back on to continue to process:

> *"I guess is coming back to the beads again I think it's nice is the kind of documentation element […] I always think it must be nice to have a document that kind of helps them make sense of that bit of their life that they can then take away and look back you know perhaps look back on or perhaps share with friends or you know school mates or school teachers or you know siblings"*

Therefore, the beads were seen to facilitate CYP's engagement in Beads of Life and support them to tell their stories. The beads were also seen as a means for CYP to share their stories with others as an important part of extending the intervention and generalising it to their everyday lives.

4.4.4. Theme 1.4: Enjoyment

Figure 6

Theme 1.4. Enjoyment Thematic Map

All participants spoke with enthusiasm and frequently commented on Beads of Life as a positive and enjoyable experience for CYP. They stated that CYP

looked forwards to the sessions and enjoyed engaging in a variety of activities as part of the intervention group. Participant 3 (paragraph 5) described how a CYP enjoyed taking part and valued the experience of being able to talk about the positive things in her life:

"It was really positive they really really enjoyed it and you could hear like the carer side of stuff was it was never mentioned like she never brought up she wanted to talk about the other things in her life and you know the friendships and things that she enjoyed doing and things that she valued and yeah very positive"

Similarly, Participant 4 (paragraph 13) shared the positive impact that the enjoyment experienced by the CYP had on their engagement:

"She was really committed to those sessions it was something that she was really adamant that she wanted to do even if she couldn't then face school so I think that was that showed that she could have valued it and she enjoyed the sessions and then it also meant that some days she then stayed she felt comfortable staying for the rest of the school day or at least some of the school day so that felt like a real positive as well"

Participants 5 and 6 hypothesised that Beads of Life suited the interests of the CYP that they used it with as a creative and appealing approach, which

helped to engage CYP. Participant 5 (paragraph 7) explained how it suited the CYP's interests:

> *"I think it suited her interests and sort of being a Year 8 girl she's quite into the beads and bracelets"*

Therefore, participants shared that CYP had an enjoyable experience of Beads of Life, which impacted on their engagement with and commitment to attending sessions.

4.5. Overarching theme 2: Positive Influence on CYP

This overarching theme reflects a variety of different perceived positive outcomes that participants suggested that engaging in Beads of Life had for CYP. It contains two themes; 2.1. Facilitated connections with others and 2.2. Developed strengths, which were highlighted as two important positive outcomes.

4.5.1. Theme 2.1: Facilitated Connections with Others

Figure 7
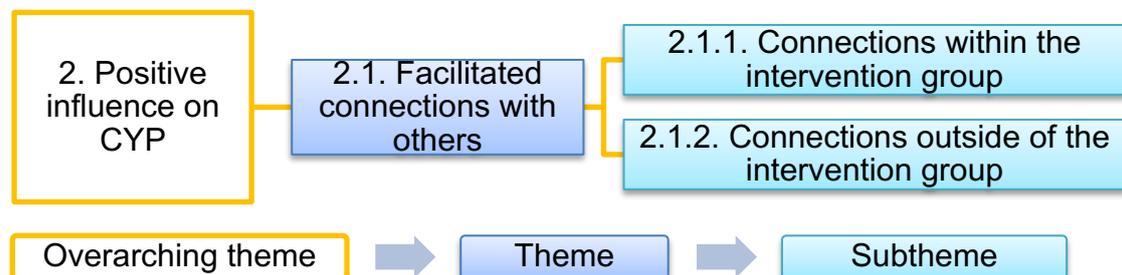
Theme 2.1. Facilitated Connections with Others Thematic Map

All participants reflected on the supportive relationships that CYP built within the Beads of Life group and the positive impact of the intervention group on CYP's relationships with others outside of the group. This theme explores participant views on how the intervention supported these relationships and their impact on CYP.

Subtheme 2.1.1. Connections within the Intervention Group

All participants reflected on how connected they and the CYP who engaged with Beads of Life felt within the intervention group, building on 'Theme 1.1. Collaborative'. The participants described a sense of belonging within the group that was facilitated by supportive relationships. Participant 1 (paragraph 11) described a 'bond' between the group members, which supported the CYP to feel comfortable and relaxed sharing their thoughts with each other:

> *"It kind of felt like we had a bond as a group and we started to sort of share things, the children were starting to share things between them and they found common interests between which was lovely"*

This view concurred with Participant 2 (paragraph 21) who suggested that engaging in Beads of Life helped CYP to develop a sense of connectedness and belonging within the group:

> *"It was almost like a connectedness where they all had some sort of level of understanding around that particular issue (.) when I did come to talk to them around what they've got out of the group I think certain themes or at responses have been sort of repeated it's kind*

of feeling around that they have got friends they're not alone in a sense of belonging so although the confidence has been observed by myself and other members of staff I think I've tended to hear back from the young people that it was fun that they felt connected with friends and they were together and they had that sense of belonging that would carry on beyond the group"

The 'outsider witness' process of Beads of Life, was identified as a positive aspect that facilitated a sense of connectedness within the group by Participant 5 (paragraph 9):

"I think there's a strengthening of relationships with the outsider witnesses and a greater understanding from them of her story"

Participant 7 (paragraph 19) similarly reflected on the impact that the 'outsider witness' process had on strengthening relationships, particularly after conflict between group members:

"I love that moment when they can actually give a bead away or give one to someone and explain why and I think it's really powerful that they give a reason why I'm giving you this bead because I've noticed this about you and particularly for my group where they could come in one week hating each other the fact that they could then move beyond that and praise each other or give each other a complement in a bead it's really is such a positive experience"

This theme demonstrates that the Beads of Life intervention was seen to support CYP to develop social connections and social skills. Participants reported that it helped CYP to develop a sense of belonging and friendships with others within the intervention group as a perceived positive outcome.

Subtheme 2.1.2. Connections Outside the Intervention Group

Four participant interviews highlighted the positive impact of Beads of Life on developing CYP's social skills and connections with their peers outside of the intervention group. Participants explained that CYP were excited to take their beads home and share them with their families and peers. Following 'Subtheme 1.3.1. Power of beads', the beads were seen as a tool to facilitate connections with others. Participant 6 (paragraph 31) suggested that the physical beads helped CYP with medical needs who had spent time away from school reconnect with their peers:

> *"I really like that element of being able to bring other people in and I think it's particularly nice with us where we can bring parents in or peers in and I think with bringing the peers in and we can then use it to support that transition back to school"*

Similarly, Participant 7 (paragraph 21) shared that the connections made within the group facilitated CYP to feel connected to one another outside of the intervention group due to their shared experiences:

"I think it's about empowering the young people and having a shared experience that that beyond the group that takes it into the classroom they've had that shared experience yesterday or last week and once they're in the classroom they've still got that shared experience and it's been positive so the impact carries forward"

This demonstrates that helping CYP to connect with their peers outside of the intervention group was a perceived positive outcome. This appeared to be particularly evident for CYP with medical needs who may have spent extended periods of time away from their peer group.

4.5.2. Theme 2.2: Developed Strengths

Figure 8
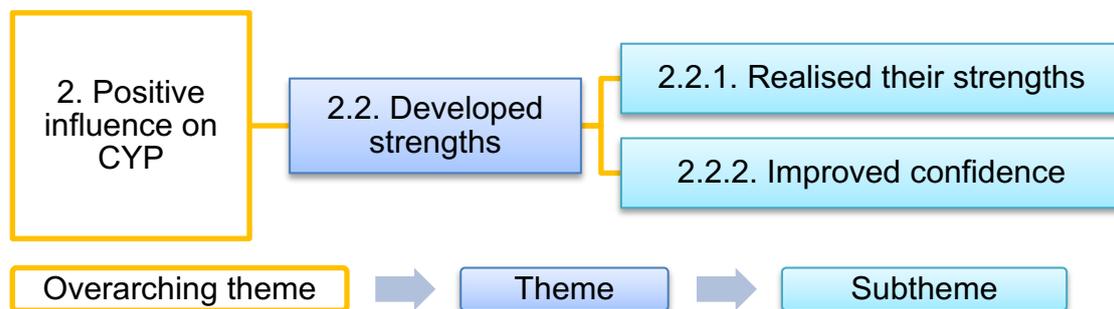
Theme 2.2. Developed Strengths Thematic Map

All participants identified a number of strengths that CYP were able to enhance as a result of engaging in Beads of Life. This included helping them to recognise many strengths that they already had and to further develop new skills, including listening skills and self-confidence.

Subtheme 2.2.1. Realised their Strengths

Participants reflected on how Beads of Life supported CYP to recognise and reconnect with their own strengths. Participant 3 (paragraph 11) proposed the view that there can be limited opportunities for CYP to talk about their strengths, which they were able to do through Beads of Life:

"I don't think there's enough space for the positives and what's good in their life and what they value […] having that space to talk about the positives in their life you could just (.) you could just almost see them lift if that makes sense like 'Ooh we can talk about this and talk about that' and it was lovely to see"

Beads of Life helped CYP to reflect on and realise that their strengths were more prominent than their problems, as described by Participant 3 (paragraph 13):

"She (young person) said 'I think that it's made me feel a lot more positive and made me see the positives in my life and how much bigger the positive thread is than the problem thread'"

Participant 6 (paragraph 21) explained that Beads of Life helped CYP reconnect to their strengths and help to re-build a positive sense of identify:

"I think it helps them to reconnect with actually who they are what their skills are what attributes are what's important to them where

their resiliencies are and I think that can get a bit lost along the way

sometimes so I think re-connecting and helping them to think

actually I am still the same person here. A really lovely approach and

you can see the impact that it has on the young people"

These extracts demonstrate the positive impact that Beads of Life can have on helping CYP to talk about and recognise their own personal strengths and resilience. The data suggests that participants viewed this to be helpful, particularly for the CYP who engaged in the intervention as they had experienced and overcome a number of difficulties in their lives.

Subtheme 2.2.2. Improved Confidence

Three participants described how CYP who were initially quiet and low in confidence became much more confident after engaging in Beads of Life. Participants described how the intervention helped CYP to have their voices heard, which helped to build their confidence and self-esteem. Participant 1 (paragraph 15) recognised the link between CYP engaging in the intervention and developing a sense of self and self-esteem:

"I think maybe developing a sense of self and them having valued

time with someone actually just sits and listens to them because they

don't have that time within school ordinarily so it was really nice to

sort of give them that time once a week where they are the person

who speaks and everybody else listens and I think that that really

helps build self-esteem"

Engaging in the intervention was seen to support CYP who were initially low in self-esteem and confidence. Participant 1 (paragraph 13) described how Beads of Life helped to dramatically improve the confidence of a child who was initially withdrawn:

"There was one child who had been put in the group well had been selected to go into the group sorry by the Assistant SENCo because she believed he had quite low self-esteem as he never spoke and sometimes seemed quite withdrawn in class she hadn't heard him say much and he was in year 3 he was in the group she said that she almost cried at the end of the first section because he came out of his shell so much."

Similarly, Participant 7 (paragraph 15) explained how two group members became more confident and became better able to speak up and share their views within their friendship group:

"For I'd say two members of the group who initially were very very quiet very reserved (.) in in the group of girls they are two that tend to be less vocal and possibly follow more the others lead and they follow a bit more and they certainly had a boost in their self-confidence. They were able to talk up a lot more they were able to have their voice heard which I think for them was quite powerful and it gave them the forum to do that"

This subtheme builds on 'Subtheme 2.2.1. Realised their strengths' by demonstrating the positive impact that engaging in Beads of Life had on extending CYP's strengths and helping them to build new strengths. It suggests that engaging in the intervention supported CYP's self-esteem and confidence, particularly for CYP who were initially low in confidence.

4.6. Overarching theme 3: Challenges

This overarching theme explores a range of challenges that participants described as being faced with when they delivered Beads of Life. It is comprised of four themes; 3.1. Interruption to sessions, 3.2. Externalising the problem, 3.3. CYP understanding & engagement, and 3.4. Access to resources.

4.6.1. Theme 3.1: Interruption to Sessions

Figure 9

| 3. Challenges | —— | 3.1. Interruption to sessions |

| Overarching theme | ⟶ | Theme |
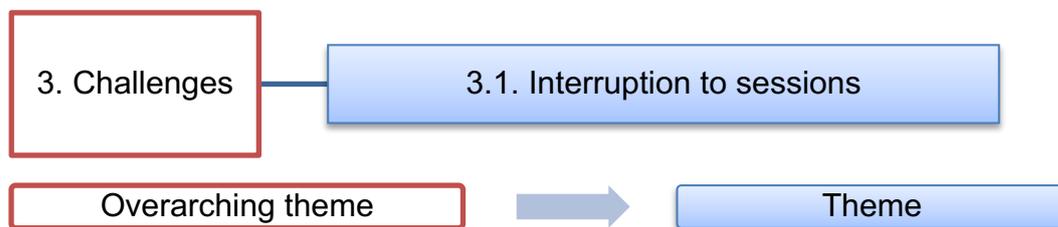
Theme 3.1. Interruption to Sessions Thematic Map

Four participants shared that the Beads of Life sessions were frequently disrupted or interrupted due to a range of reasons related to the school and the CYP's needs. Participant 2 (paragraph 5) reported that some of the sessions were delayed due to the school timetable and school holidays:

> *"We ran sessions over a period of time and it was once a week over*
> *a period of time and sometimes for whatever reason they might be*

delayed or Christmas or that kind of thing so it actually ran over 2 terms"

Participants 3 (paragraph 9) explained that the intervention was not completed due to the CYP's medical needs which meant that he missed large periods of time at school:

"We didn't get all the way through with him because he had a lot of medical issues, he had massive difficulties with his bowels and he was in and out of hospital a lot, off school a lot [...] unfortunately he was very poorly in just in and out of hospital so much so we only managed to get this the first bit doing done again before he went back into hospital so I suppose that's a potential issue is you know if we're talking about doing it with children that have got you know medical needs that that is a potential barrier there in the sense that it may get interrupted and I think the thing was that by the time he'd come back in you kind of lost the flow of the intervention"

Similarly, Participant 7 (paragraph 27) explained that she experienced disruptions to one intervention group due to timetabling issues in a secondary school setting and CYP being off school due to sickness:

"Life happens and children leave the school children get ill the group falls apart and it was quite hard to think about how to recover that group… that can be difficult in that committing six weeks with a group

of approximately 6 each week generally you're probably going to
have some people missing some weeks or so the consistency could
be an issue. It was difficult as well with lessons so at secondary
school they were all coming from different lessons."

This demonstrates that school timetables and CYP's individual needs, such as medical needs impact on consistency of the intervention, which was considered to be important. They are barriers for EPs to overcome when they deliver Beads of Life sessions over an extended period of time and within school settings.   CYP's medical needs impacted on the continuity of the intervention. CYP's feelings of tiredness and anxiety as a result of their medical needs impacted on their engagement.

4.6.2. Theme 3.2: Externalising the Problem

Figure 10

3. Challenges	3.2. Externalising the problem

Overarching theme	➔	Theme
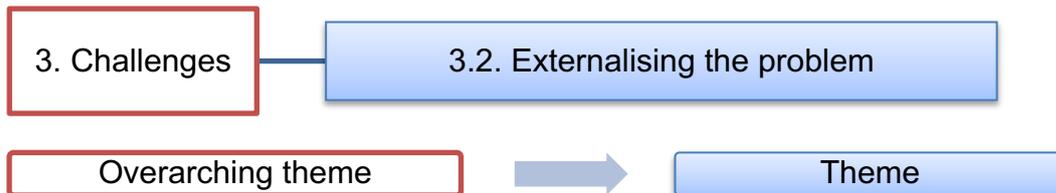
Theme 3.2. Externalising the Problem Thematic Map

Two participants described the 'externalising the problem' section of Beads of Life as being challenging. Participant 1 (paragraph 23) cited time as a barrier for not being able to complete the 'externalising the problem' section each week. She explained that it was scheduled at the end of each session and there was not always time to complete it:

"Externalising the problem I don't know because I didn't get onto it each week as I was running out of time and some of the weeks maybe that could be moved or changed but then again I suppose that if you had less people you'd have more time you would be able to fit problem in"

Participant 3 (paragraph 32) expressed concerns about the medical story or 'externalising the problem' and she did not use it as part of the intervention. She reflected on concerns around the fit between this part of the intervention and narrative principles, with the medical story feeling too negative:

"I was a little bit tentative about medical story and actually because I've not managed to do it with the child I think that perhaps alters my perception I probably done it maybe I would think about it differently but just going through it my initial reaction was 'ooh not sure how I feel about that I'm not sure whether that's a bit too' (.) you know it's kind of moving away from the first part and I didn't quite I'm not sure whether it fit with what I was thinking about the narrative principles that are important to me [...] my initial thought was 'ooh is that a little bit too negative that we're focusing on the medical story?' I don't know I like question mark I don't know if I'd change it I think I'd like to give it a go in order to continue to reflect on that."

Therefore, these two participants were hesitant about this element of the intervention to due practical reasons and conflicting views around talking

about difficulties as part of Beads of Life, which they viewed as being a strengths-based approach. They are therefore potential barriers for EPs to consider when implementing Beads of Life.

4.6.3. Theme 3.3: CYP Understanding & Engagement

Figure 11
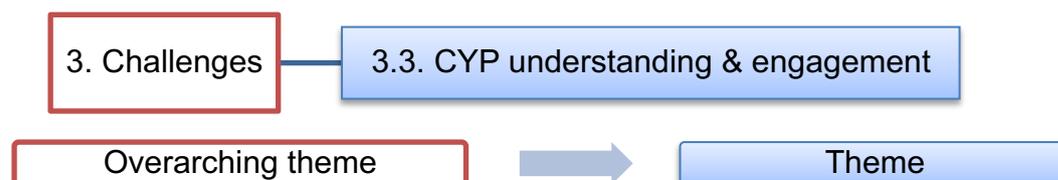
Theme 3.3. CYP Understanding & Engagement Thematic Map

Four participants reflected on a range of challenges that they experienced when they supported CYP to understand and engage in the Beads of Life intervention. Participant 1 (paragraph 5) considered the level of need that some of the CYP had as a barrier to their access to Beads of Life:

> *"The children that I had in my group had quite high needs in other areas so it wasn't until the first session of the Beads of Life programme I really was able to sit and focus on each child and it is then when I realised that they had attention difficulties and also some language difficulties and that added a level added a layer of complexity onto the programme for me with that particular group children as they did struggle with language and I think that narrative therapy involves obviously a lot of language so it was it was quite challenging with that particular group of children"*

This suggests that the CYP's language needs impacted on their understanding of the task and ability to draw on language which narrative therapy involves. Another barrier identified by Participant 1 was the CYP's attention needs, which impacted on their ability to attend to the intervention and complete the required tasks each week. They described being able to "get through" the session some weeks, suggesting that these barriers were overcome during some of the sessions. Similarly, Participant 2 (paragraph 19) acknowledged the difficulties that some CYP initially had understanding tasks and she described strategies that supported CYP to better understand tasks:

"I think initially there was some issues to do with understanding around the selection of the bead so for example they may they may have an idea that they want to share their pet ((laughs)) and then they're trying to look for a bead in relation to that and that which is fine but then it's kind of that they may be selecting a bead because of a particular the way that it looks rather than thinking around the particular topic so it's kind of helping them to say that the string or the thread isn't necessarily going to look a particular way."

Participant 5 (paragraph 71) explained that the practical elements of using physical beads was challenging for a CYP with cerebral palsy:

"I think you need to think about the individual person really (.) if I was gonna use it with a similar kind of young person I might think more

carefully around the practical side of it like threading wasn't possible
for her you know choosing the beads wasn't possible for her and
actually know that kind of moment of threading and pulling it together
is quite important but I had to do that for her so I suppose in a way
part of the difficulties she'd were about her physical disabilities and
not being able to do things everybody else can and I suppose in a
way it's quite reinforcing of that."

Participant 5 described the impact that the CYP's medical needs had on their access to and engagement with the intervention. However, they were able to make helpful adaptations, such as supporting the threading of the beads. This theme demonstrates a range of potential barriers to CYP's engagement including their understanding and access to Beads of Life and the EP role in adapting it to meet their needs.

4.6.4. Theme 3.4: Access to Resources

Figure 12

Theme 3.4. Access to Resources Thematic Map

A theme that was identified as challenging across six participant interviews was access to practical resources, and in particular, suitable beads for the intervention. Many participants shared experiences of difficulty in sourcing

suitable beads. Participant 5 (paragraph 11) explained that finding beads that were varied and interesting was difficult:

> *"I think the finding enough beads that gave enough was actually more difficult than I anticipated so trying to pre-empt you know when you're buying beads and you're looking at trying to think what somebody else might pick is there enough variation here is it quite narrow I think that's difficult"*

Participant 7 (paragraph 17) reflected on the need for the beads to be visually interesting to CYP:

> *"The beads themselves actually I had to change so the first time I got the beads out our service had provided beads after the training that we had our services provided packs of beads in the office that you could use so I just took the beads with me and didn't really think about the content of the box too much but when I presented the beads to the group they were really uninterested in them and I looked at the beads and I thought actually yeah they were really ((laughs)) just quite boring beads"*

Therefore, participants shared experiences of the beads needing to be both interesting and practically suitable in size and shape. Participant 3 (paragraph 28) described barriers accessing beads within her workplace and that she bought resources herself:

"Being able to get hold of the actual you know beads and things like I mean I just went out and bought them because I just (.) I think it's the time sometimes especially like working in a local authority where the cogs can be slow ((laughs)) I was a bit like you know what I'm just gonna take myself off to Hobbycraft and just get them but obviously you know that's just personal choice and I think being able to you know it's not a lot is it you know beads and things like that but you know in a local authority it can become quite a big issue can't it 'what do you need them for' and filling this form out for you know beads and plates and string and stuff and it's ugh can't be dealing I'm just gonna go out and get them"

Therefore, lack of access to resources including suitable and interesting beads was identified as a barrier to EPs engaging with Beads of Life. It further demonstrates the importance of the resource of physical beads and the positive impact that they have on CYP's engagement as described in 'Subtheme 1.3.1. Power of beads'. It links to 'Subtheme 1.2.1. Non-threatening' which describes the role of colourful and exciting beads as an enabling factor to help CYP feel comfortable and relaxed. Therefore, access to the most suitable beads is an important factor for the success of the intervention.

4.7. Overarching theme 4: Systemic Support

This overarching theme explores the different levels of systemic support and involvement that participants identified as being supportive of their facilitation

of the Beads of Life intervention. It contains three themes; 4.1. Parent involvement, 4.2. School engagement and 4.3. Educational Psychology Service (EPS) support, which were identified as facilitating factors that contributed towards EPs being able to successfully facilitate the Beads of Life intervention.

4.7.1. Theme 4.1: Parent Involvement

Figure 13
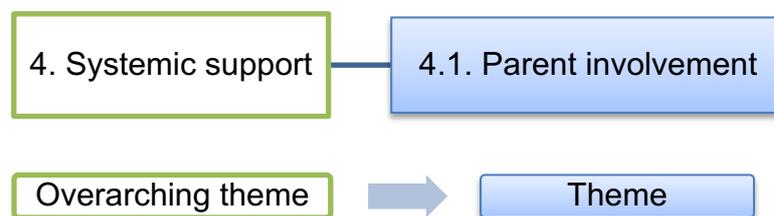
Theme 4.1. Parent Involvement Thematic Map

Three participants identified parent engagement and involvement as a facilitating factor to CYP's engagement in Beads of Life, which is reflected in this theme. They identified different ways that parents were involved and the impact that their involvement had on the intervention. Participant 4 (paragraph 5) explained how she involved parents in the initial contracting process:

> *"Parents were just really really keen for her to be happier see some positives because I think she was feeling really quite negative about herself and for her to be able to engage a little bit more in school so I talked to them about using I kinda just called it a beading activity and I explained how it would work and I explained that it was based on narrative principles and then kind of talked them through what those principles were and what the aim of the sessions could be."*

Participant 6 (paragraph 35) highlighted the importance of parent engagement and the impact of their involvement:

"I think another thing is getting parents buy in as well so I think sometimes it can be a slightly unusual approach that a parent might not be expecting […] we have a lot of transparency with parents and so it would be about getting them on board and helping them to understand the approach and why you're using it as well would be would be key"

The impact of parent engagement was reflected on by Participant 2 (paragraph 33) who suggested that their support helped to further extend the outcomes from the intervention to the home setting:

"Parents have also responded well and when I spoke to them about they've sort of spoken to their young people around the beads some of them have bought sort of beads and threading and they've been managing to do that at home as well so that's quite interesting to hear and so you know that's lovely when the adults understand as well and there able to sort of contribute in that way to the development of the narrative"

It was therefore viewed as important for the EPs to fully involve parents throughout the intervention process, including helping them to understand how Beads of Life works and how it can support CYP.

4.7.2. Theme 4.2: School Engagement

Figure 14
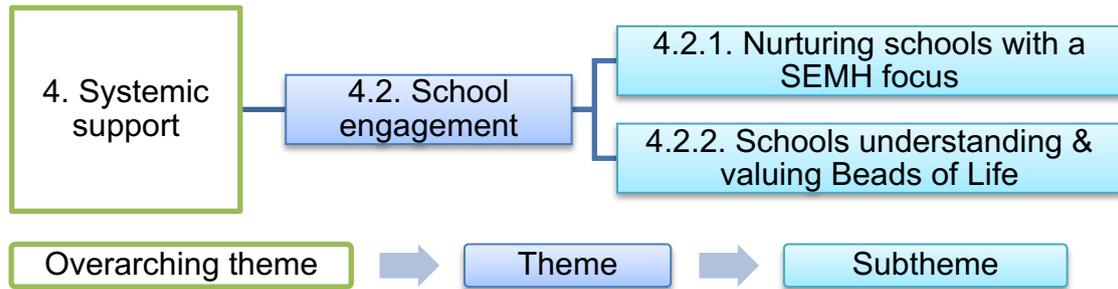
Theme 4.2. School Engagement Thematic Map

Four participants identified links between school engagement and the successful implementation of Beads of Life. Participants proposed that they were more able to facilitate Beads of Life in school settings that had a nurturing ethos, SEMH focus and those that both understood and placed value on Beads of Life.

Subtheme 4.2.1: Nurturing Schools with a SEMH Focus

Participants reflected on the alignment between school priorities and whether they were likely to facilitate Beads of Life in those schools. Three participants identified a nurturing and holistic school ethos as a contributing factor to being able to facilitate Beads of Life. Schools that prioritised supporting CYP's SEMH needs were identified as being more open to the Beads of Life intervention. Participant 1 (paragraph 5) suggested that the school that she

delivered Beads of Life in was motivated to improve the SEMH provision for CYP and appeared keen to engage with the intervention:

"They wanted to improve SEMH provision within the school so they wanted to think about something different so I told her all about Beads of Life and how I thought it could perhaps benefit this group of children and she seemed keen and even said that she would deliver it like co-facilitate it with me"

This view concurred with Participant 3 (paragraph 15) who delivered Beads of Life in schools that had a nurturing ethos and aimed to improve the SEMH needs of CYP:

"The ethos of those schools as well it was very they were very nurturing schools and very much wanting to support children's social emotional mental health needs and were very very good at being able to pick up on actually they're they're really quiet and what's going on here"

Subtheme 4.2.2: Schools Understanding & Valuing Beads of Life

Four participants reflected on the importance of schools understanding and valuing Beads of Life, which impacted on whether they used the intervention in those settings. Participant 2 (paragraph 33) suggested that schools which valued psychological input were more open to the Beads of Life intervention:

"Valuing of the development of narratives as well and that does help with social emotional well-being you know particular school that I work in they do recognise that there are issues around social emotional wellbeing that they want to work on some maybe it's sort of valuing from psychology management but then also the management of the setting that you're interested in and that you are working in"

Participant 1 (paragraph 35) specifically highlighted the influence of school senior leadership teams in being amenable to Beads of Life:

"The Assistant SENCo that I worked said that she now understands the programme and had seen the benefits like those two children really benefit from it and she feels as though she can go deliver it with a different group"

Participant 3 (paragraph 15) explained that she had a good rapport and trusting relationship with her schools, which meant that they were more open to the suggestion of Beads of Life:

"I think the other side is whether schools are up for doing interventions such as that and I was quite fortunate that I had I had worked in these schools for a while and developed quite a rapport and a trust with them and to the point where you know where I was suggesting things they would take that on board"

This data demonstrates the important influence of schools' values and relationships with EPs on schools' acceptability and openness to the Beads of Life intervention.

4.7.3. Theme 4.3: EPS Support

Figure 15
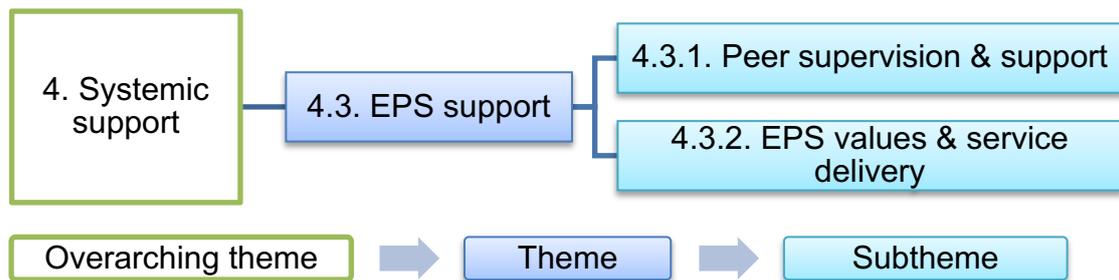
Theme 4.3. EPS Support Thematic Map

The analysis strongly suggests that participants viewed support from their EPS teams through supervision and reflective practice as crucial to the successful facilitation of Beads of Life. Service ways of working and management support were also identified as facilitating factors.

Subtheme 4.3.1: Peer Supervision & Support

The theme of peer support and supervision was evident across all of the participant interviews. All participants reflected on the importance of having a supportive team as a contributing factor to being able to deliver Beads of Life. Accessing effective peer supervision and support from EP colleagues was viewed as highly important. For example, support from the EPS team was viewed as essential to Participant 6 (paragraph 33):

"I think another element that's enabled me to do it is the kind of support of my team I think I would have struggled to do it without that"

Participant 2 (paragraph 45) discussed the importance of opportunities to reflect on the intervention with other EPs who also had experience of facilitating Beads of Life:

"It helps if you can come together and reflect on some of the sessions so if there are EPs who are delivering groups and sessions I think it helps if you have that sort of supportive environment where you can come together and reflect"

Participant 3 (paragraph 23) also acknowledged the importance of reflecting with other EPs and the impact that this had on helping her to deliver the intervention effectively based on narrative principles:

"Going back to that peer supervision type approach that was the whole reason why we kind of bounced ideas off each other was to you know make sure are we are we keeping true to the principles of narrative therapy in the approach of that and not just getting hung up on how do we do use the actual tool so I think that's essential."

Peer supervision and support was therefore identified as a crucial component that helped participants to feel fully supported and more able to use Beads of

Life with CYP. Peer supervision and support was seen as an opportunity to share ideas, learn from others and feel supported.

Subtheme 4.3.2: EPS Values & Service Delivery

The team values and preferred ways of working within EP teams were identified as influencing factors as to whether EPs were able to use Beads of Life. Participants 4 and 5 explained that working in a flexible service where Beads of Life aligned with the service's preferred way of working was important for their engagement with Beads of Life. Participant 4 (paragraph 25) explained that the flexibility given to EPs within her service supported her to be able to use of Beads of Life:

> *"It would depend on your local authorities your place of work's model of working because I know some local authorities do have quite strict either consultation models or different ways of working which wouldn't allow for that. At the moment the local authority that I'm in it is very flexible and we can work in whatever way we think is helpful for that young person"*

Similarly, Participant 5 (paragraph 21) explained that support from her EPS, which promoted flexible ways of working, facilitated her to use Beads of Life:

> *"I'm also working in very flexible service who are very open to EPs practising in whatever way they think is right which I know from experience from other people is not always the way so I was really lucky that I said I'm going to go and do this and they said fine you*

know but I know that other people have not had that experience and

so I suppose in a service like that where that's not your normal way

of working that would be a barrier"

Support from the EPS and in particular, the EPS management team was seen facilitate Participant 2 (paragraph 33) being able to use Beads of Life:

"I really feel that it has required a certain amount of sort of I suppose

management and valuing of the development of narratives"

This demonstrates the importance of support from EPS' at all levels including senior leadership and facilitative ways of working. The data shows that EPs that worked in services that promoted flexible ways of working were more able to be able to use Beads of Life. It is therefore likely to be a facilitating factor to EPs' engagement with Beads of Life.

4.8. Overarching theme 5: EP Role

This overarching theme explores participant views on the alignment of the EP role including skillset, role expectations and interest in Beads of Life, and their ability to facilitate the Beads of Life intervention. It contains the following themes; 5.1. Time & workload, 5.2. Skills & experience and 5.3. Engagement that were identified as both facilitating factors and barriers to EPs engaging with Beads of Life.

4.8.1. Theme 5.1: Time & Workload

Figure 16
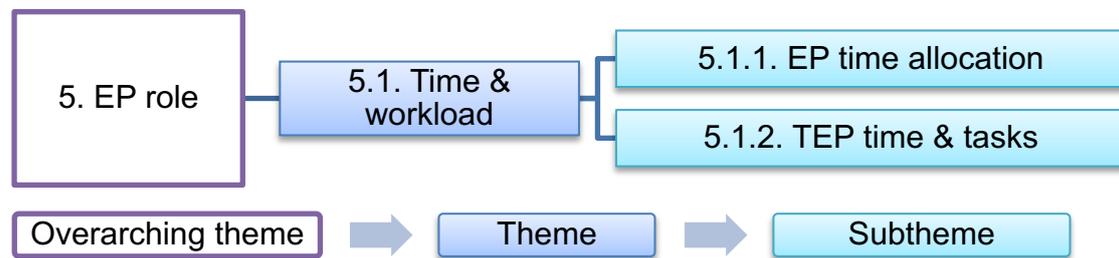
Theme 5.1. Time & Workload Thematic Map

Participants explored the role of time and workload amongst EPs and TEPs in relation to their ability to be able to use Beads of Life. It was highlighted as both a facilitating factor and a barrier to EP engagement with Beads of Life by all participants.

Subtheme 5.1.1: EP Time Allocation

All participants shared experiences of time being both a barrier and facilitating factor to being able to use Beads of Life. There was a recurring theme of high workloads which meant that participants had less time for therapeutic work. Participant 2 (paragraph 3) explained that she was more able to use Beads of Life due to having time allocated as part of a specialist EP role:

"Because of the time I had within my specialist role I had more time to run a group and then fulfil that within that particular specialist role"

Participants referenced not being able to deliver Beads of Life due to time constraints despite showing a strong preference to use it. This theme is

illustrated by Participant 5 (paragraph 19) who made links between time pressure and length of time taken to deliver Beads of Life:

"I know other colleagues sort of said 'we would like to do this but we just can't'… so yeah I suppose time was the biggest thing so being given the time has allowed me to do it and I don't quite know how that would work moving forwards"

Participant 6 (paragraph 35) perceived time pressure as a more significant barrier when working in a Local Authority (LA) due to the cost of EP time:

"I can imagine the barriers if you working in a Local Authority because previously I worked in a local authority alongside this role and I would have found it a lot more challenging to deliver there […] because you have to spread yourself a lot thinner and also it's often commissioned work and so the school has to kind of buy it in essentially and yeah it could you know it's time expensive if you see what I mean and therefore cost expensive so that could be harder"

The amount of EP time that schools were able to buy under a traded model of service delivery was viewed as a barrier by Participants 3, 4 and 7. Participant 3 (paragraph 15) explained that smaller schools were less able to buy in larger amounts of EP traded time, which resulted in limited flexibility with what they could use EP time for:

"I think that the time capacity to be able to do it obviously smaller schools tend to not be able to have the flexibility with EP time and things like that that's the down side of well I suppose any kind of model really because even in a traded model you still only have an particular amount of time"

Similarly, Participant 7 (paragraph 25) described a contrast in her use of Beads of Life in smaller versus larger schools based on the amount of EP time the schools were able to buy in:

"Our service model is traded as most are now so schools buy in 3 levels of service so the school that I was in had what's called enhanced so they brought in the most you can buy so they had lots and lots of EP time so it fitted in perfectly with their traded model and also obviously we get six people together in that 45 minutes so thinking of their value for money they do actually get a lot in terms of their value for money but I had a lot of village schools in [Lancashire] and the village schools have hardly any time at all so in a school like that it would really be impossible they wouldn't even have six sessions or 45 minutes across the year they would some schools have three sessions across the whole year and it's yeah it would be impossible to do something like that so the time it's a pro and a con in our model of service delivery"

The data suggests that whether EP time is used for therapeutic interventions, such as Beads of Life, varies depending on the EPS and school context. Time and cost pressures of working in LAs and smaller schools appear to be barriers to EPs using Beads of Life.

Subtheme 5.1.2: TEP Time & Tasks

Despite the barriers of time pressure and the EP role, three participants reflected on the TEP role as a facilitating factor to being able to deliver Beads of Life. Participant 5 (paragraph 15) reflected on being able to deliver Beads of Life in comparison to qualified colleagues due to having more time as a TEP:

> *"I think the factor that helped me deliver it was being on the course I suppose I got a lot of comments from other EPs who were like 'ohh we'd love to be able to do this kind of thing' and it and it won't be a possibility to have six hours with a young person again or in a role so it was cut that was carved out time to do that"*

Participant 5 (paragraph 3) explained that delivering a therapeutic intervention was a course requirement which enabled her to deliver Beads of Life:

> *"As part of our year two we had to do a block of therapeutic work and I used Beads of Life with young person for six weeks so an hour a week and I've also used it in the shorter form as just part of casework as well (.) more I suppose less adhering to all of the things that using*

it as a kind of pupil voice type tool rather than using it as a

therapeutic tool"

Therefore, being a TEP was identified as a facilitating factor to being able to facilitate Beads of Life due to additional time in schools and course requirements to facilitate therapeutic interventions.

4.8.2. Theme 5.2: Skills & Experience

Figure 17
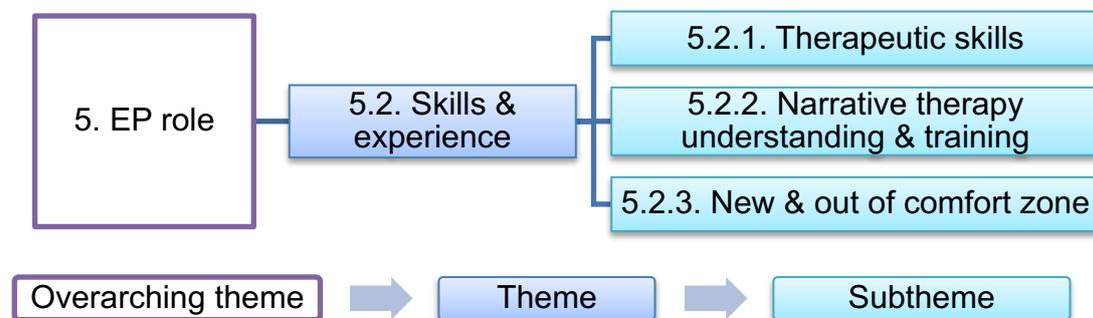
Theme 5.2. Skills & Experience Thematic Map

This theme reflects the data which demonstrates that EPs have the skillset and level of experience that is needed to be able to effectively facilitate Beads of Life with CYP. A range of EP skills were described by participants. They acknowledged these skills would support EPs to effectively facilitate Beads of Life.

Subtheme 5.2.1: Therapeutic Skills

A range of different skills perceived to be important for a Beads of Life facilitator were outlined by participants. Four participants explained that the skills required to facilitate the intervention were similar to those that EPs have.

Participant 4 (paragraph 31) highlighted the importance of being empathetic and calming, which she explained are attributes that EPs have:

"I just think you have to be an empathetic person and quite able to relax a young person which I think lots of EPs are anyway lots of EPs go into the profession and they already have these skills but those soft skills which allow children and young people to feel at ease"

Similarly, Participant 7 (paragraph 31) suggested that EPs already have reflective and questioning skills that are needed to facilitate the intervention:

"I think EPs have those skills well generally of reflecting, being thoughtful in the moment, reflecting back what's happening in the moment, hypothesising with others about what could be, putting questions out there to help bring the group so I think general EP skills are there"

Listening and questioning skills were also deemed as important by Participants 1, 3 and 5. It was seen as important to ask questions on the CYP's level, actively listen and reflect back to CYP. Participant 5 (paragraph 25) implied that questioning skills, self-awareness and flexibility following narrative therapy techniques are important skills to be able to engage well with CYP:

"Probably all the stuff that you need just in general when working with young people good questioning skills an awareness of why you're doing things but also (.) a willing a flexible willingness to go with them yeah and go with their views rather than being so rigid that you're sticking to kind of your agenda"

Participant 1's (paragraph 33) views concurred with this and she suggested that good questioning skills involving differentiating questions for CYP are important:

"I think you need to have good listening skills I think you need to know also how to adapt the language for the age group that you're delivering it to. I think that you really need to be on the child's level so yeah so differentiating questions a little bit to make sure that they make sense and that the children understand them the but I do think that one of the main things is that you need to be attuned you need to show that you're that you have empathy with the things that they're saying and you need to be able to listen"

Participant 3 (paragraph 28) labelled these types of skills as 'soft skills' or 'consultation type skills' that underpin being an EP:

"Consultation type skills I would say so like active listening and being able to (.) ask the right question not in a leading way and pick up on well things that stand out to you within what somebody said or you

know reflecting back to check that you've understood and yeah so I think maybe those soft skills the consultation type stuff I don't know if that's the right word consultation or not (.) let's say counselling skills but I don't know if that's right either the soft skills anyway ((laughs)) which I think's just a really important foundation of being an EP anyway"

Participants 2 and 3 spoke about the importance of having good organisational skills. Participant 3 (paragraph 28) suggested that that organisational skills are needed to prepare for each session and be able to set an agenda that helps CYP to feel safe:

"I'd say organisation I don't know if that's too basic a thing but I think you do need to be able to plan it quite carefully as well like the structure of it. I don't think it's something where you could just go in and just wing it like I think it needs lots of thought and preparation around (.) you know having the right equipment there, what are you gonna do each session because without that it then becomes really difficult to then make it very clear with the children what the expectations are and I think that can be difficult for them then and I think that starts to impact on you know the safety the emotional safety of the space"

The data demonstrates that a range of skills are important for EPs to be able to facilitate Beads of Life. They include reflective skills, listening, empathy,

organisation and planning, and therapeutic skills which align with EP

Competencies and Proficiencies (BPS, 2019; HPCP, 2015).

Subtheme 5.2.2: Narrative Therapy Understanding & Training

The analysis demonstrated some mixed views around the type of training

required to facilitate Beads of Life with the majority of participants indicating

that they did not think a specific Beads of Life training programme was

necessary to be able to facilitate the intervention. However, all participants

hypothesised an understanding of narrative principles as an important

foundation for EPs to be able to facilitate Beads of Life. Participant 3

(paragraph 23) reflected on her views that narrative principles underpin Beads

of Life and core narrative therapy skills are helpful for a Beads of Life

facilitator:

"I think narrative therapy training is absolutely essential I think if

you're gonna do anything like that's got to be it because it's not so

much about the tool itself but you need the principles underneath it"

This view was supported by Participant 4 (paragraph 29) who suggested that

an understanding of narrative therapy principles is needed to provide a

thorough understanding of the approach to deliver Beads of Life:

"I think definitely an understanding of narrative and narrative

principles is helpful because although it's quite a discrete

intervention. I think it is fundamentally based on those principles and

you need to have a good understanding and appreciation of where

*it is that you're coming from with your questioning and so that you
don't lead the children that are the children that are involved in any
particular way"*

Participant 7 (paragraph 29) suggested that both Beads of Life and narrative
therapy training is important to be able to facilitate the intervention:

*"I think you need to understand the narrative therapy what's behind
Beads of Life what's informed the approach and understand the
whole having your story heard having it witnessed reflecting back
those you need to just having Beads of Life training in isolation I think
again wouldn't be enough you need to understand narrative therapy
and how that works and how it sits within that"*

In contrast, Participant 1 (paragraph 31) explained that she was able to
deliver Beads of Life without attending specific training on the approach and
suggested that narrative therapy training was sufficient:

*"I don't necessarily feel you need to go on a specific Beads of Life
programme some people may disagree but I delivered it without
going on a Beads of Life training programme however obviously I
don't know what I missed out […] I found the narrative therapy
training helpful when I was an assistant I was given that and that
helped to understand the reason why I think it makes you want to try*

Beads of Life and want to choose it is an option when you know the

theory behind it"

Participant 4 (paragraph 29) shared this view and highlighted the importance of support from a trained supervisor:

"I don't necessarily think you need to have direct training in Beads of Life you might disagree with that just because I think if you have I was trained just by my supervisor who had been to the training so I haven't done kind of a proper course in it I suppose but I never felt under equipped because my supervisor had done the training […] as long as there's somebody there that can guide you through it and support you"

Subtheme 5.2.3: New & Out of Comfort Zone

Three participants reflected on Beads of Life as an approach that was new and out of their comfort zones and that this could be a barrier to EPs using Beads of Life. Participants 3 and 4 reflected on feeling out of their comfort zones and daunted when they delivered Beads of Life as an approach that was new to them. Participant 4 (paragraph 21) cited the style of communication as an aspect of the intervention that felt uncomfortable:

"I remember the first time I engaged in some narrative work in my second year of training finding it really daunting because I thought this is a really you have to just go with the conversation and trust it and be able to kind of talk in a particular way and answer questions

in a particular way and kind of just communicate slightly differently

than we are used to communicating"

Participant 5 (paragraph 9) explained that using Beads of Life felt very different to Cognitive Behavioural Therapy (CBT), which she was experienced in:

"My background is CBT so I was actually kind of out of my depth a little bit like I was yeah it wasn't a natural fit for me but I thought it was a better fit for her"

Confidence was viewed as important to support EPs to facilitate Beads of Life as a new intervention or approach. Participant 3 (paragraph 28) explained that some EPs do not feel confident to try new approaches and that this could be a barrier to engaging with Beads of Life:

"I've come across quite a few EPs that struggle with the confidence in terms of trying well I think we all would trying new approaches or interventions and you just think actually that could put somebody off"

Participants suggested that support from EPS team members can support EPs to feel more confident to deliver Beads of Life, which links to 'Theme 4.4. EPS support'. Participant 4 (paragraph 31) identified peer support as a means to increase confidence and guide EPs with new approaches including Beads of Life:

"I think as long as there's somebody there that can guide you through it and support you through that and you have the confidence to do that then I think it's okay"

This suggests that low levels of confidence could be a potential barrier to EPs engaging with Beads of Life as a new approach. The participants reflected on how this felt and ways that they were able to overcome this and build confidence.

4.8.3. Theme 5.3: Engagement

Figure 18
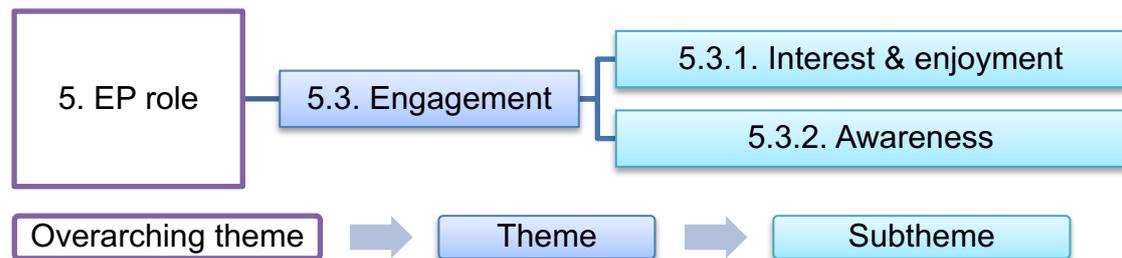
Theme 5.3. Engagement Thematic Map

This theme explores the link between EPs' awareness and interest in Beads of Life and their engagement with the intervention. Participants expressed a high level of interest and enjoyment in Beads of Life. However, a lack of awareness around the intervention within the Educational Psychology field emerged.

Subtheme 5.3.1: Interest & Enjoyment

All participants communicated that they enjoyed facilitating Beads of Life and four participants shared that they would use it again or use it more frequently.

Beads of Life was described as a positive approach and participants showed a high level of interest and enthusiasm in using Beads of Life. Participant 3 (paragraph 30) spoke enthusiastically about Beads of Life as a powerful and positive approach that she perceived to make narrative therapy accessible:

"I think it's very powerful tool and I think it's very positive in it's approach and I think it's it makes something like narrative therapy quite accessible which is positive"

Participant 6 (paragraph 27) echoed these thoughts and suggested that it is a positive strengths-based approach. She reported that she would enjoy engaging in it if she were a child, demonstrating a high level of interest:

"I really like it, I think it's I think it's really useful I think it's lovely and strengths based (.) I think I think if I was a child I would personally enjoy doing it"

Participant 7 (paragraph 17) also spoke positively about Beads of Life and proposed that engaging in the process has a positive impact on CYP:

"The whole process I think it's such a lovely Beads of Life or bead it if people want to call it is such a lovely process to go through and I think if you can bear with and move a group through it is going to be positive"

Participants 1, 4 and 7 showed interest in using Beads of Life again. Participant 1 (paragraph 17) expressed that she would recommend it to other EPs:

> *"I feel like it is a great programme I would definitely recommend it to others and definitely use it again. I feel like it can really benefit certain children it can really benefit certain groups and it has a lot to offer. I just feel like you need to choose the right group to be able to benefit wholly from the programme yeah so my views would be that it's a really beneficial positive programme"*

It is likely that the high level of expressed enjoyment and interest in Beads of Life from the participants positively impacted on their facilitation of it. Their enjoyment and interest appeared to be a facilitating factor to their use of Beads of Life.

Subtheme 5.3.2: Awareness

Five participants shared the view that they would like Beads of Life to become more well-known and more widely used within the EP community. This is linked to 'Subtheme 5.3.1. Interest & enjoyment' as this view is likely linked to their own positive experiences of engaging in Beads of Life. Participant 4 (paragraph 19) explained that not many EPs are aware of Beads of Life:

> *"I personally think it's a lovely thing to engage in it can be really effective and I would like to use it more and I think it would be nice*

for more EPs to be aware of it because I don't think it's something

that lots of EPs are aware of"

Participant 7 (paragraph 33) echoed these views and suggested that she would also like more EPs to become aware of and use Beads of Life:

"I think it's really positive I wish we could use it more I would like to use it more but it's just time I think it's great I think it's something that all EPs should have under their belt really able to use as a tool yeah I think it's really good"

Participants 3 and 4 expressed that they would like Beads of Life to become more known within the EP community. Participant 4 (paragraph 33) shared that she would like Beads of Life to become more widespread across EP services:

"I'm just so happy that somebody is kind of looking into this and you obviously got an interest in it too which is why you've chosen to research it so I think I would like it to have more of a widespread not following but I would like more EPs to be interested in it I suppose."

Participant 3 (paragraph 34) explained that the study recruitment email sparked interest in Beads of Life within her EP team:

*"I'm really pleased that you've decided to do some research on it […]
loads of the EPs were like 'what's Beads of Life I've never even
heard of it' and it's just I think just being able to you know do a bit
research and really kind of promote […] I just think it's a real positive
that you're looking into it and kinda adding to that area of research
and you know even you just like doing that piece of research you
know that's been circulated your email within our service and people
are 'ohh what's that' so even just having that initial kind of
conversation of I'm looking at this has kind of sparked interest"*

This data demonstrates a theme of lack of awareness of Beads of Life amongst EPs. The participants expressed support for further research into Beads of Life and hope that more EPs will become aware and interested in it.

4.9. Summary of Overarching Themes, Themes & Subthemes

In summary, the analysis of participant interviews suggests that there are a variety of different themes linked to their views and experiences of Beads of Life. They identified a number of strengths of the intervention, including the collaborative relationship between EPs and CYP that allowed CYP to feel comfortable and engaged and the 'safe space' provided through building this relationship and providing a non-threatening, well-structured intervention. The uniqueness of Beads of Life and use of physical beads was viewed as another strength that helped to engage CYP. A range of perceived positive outcomes were identified including the facilitation of social connections, building CYP's confidence and it overall being a positive and helpful experience for CYP. Participants reflected on practical challenges and

challenges around specific aspects of the intervention, including 'externalising the problem' that impacted on CYP's engagement with the intervention. Supporting CYP to understand and engage in the programme was highlighted as a challenge due to CYP's individual needs. Participants reflected on systemic support including the support of parents and schools as influencing the ability of EPs being able to facilitate the intervention and carry it out effectively. Support from EP colleagues was seen as crucial to be able to share ideas and reflect on practice when using Beads of Life. Finally, Beads of Life was seen to be congruent with the EP role due to the EP skillset and experience matching that needed to effectively facilitate Beads of Life. However, a barrier to delivering Beads of Life was perceived to be time pressures and the length of time taken to facilitate the intervention. Participants showed great interest in Beads of Life and were eager for more EPs to become aware of and use the intervention.

Chapter Five: Discussion

5.1. Chapter Overview

This chapter considers the findings identified in chapter four in relation to the research questions. This includes implications for future EP practice and the EP profession. This follows with the strengths, limitations and suggestions for future research, and the dissemination strategy. It is concluded that Beads of Life is a valuable intervention that EPs are well placed to deliver based on this research. Recommendations for its facilitation by EPs are provided.

The findings are discussed in relation to the research questions as follows:

<u>RQ1:</u> What are EPs' experiences of using Beads of Life?

    <u>RQ1a:</u> What do EPs perceive to work well as part of Beads of Life?

    <u>RQ1b:</u> What do EPs perceive the challenges to be as part of Beads of Life?

    <u>RQ1c:</u> How do EPs think Beads of Life helps CYP?

<u>RQ2:</u> What do EPs experience as facilitators and barriers to their engagement with and ability to deliver Beads of Life?

<u>RQ3:</u> What training, skills and resources are needed for EPs to deliver Beads of Life?

<u>RQ4:</u> What do EPs think about the EP role in delivering Beads of Life?

5.2. RQ1. What are EPs' experiences of using Beads of Life?

The findings revealed varied EP experiences of the Beads of Life intervention as participants used it in many different formats with CYP who had a range of different needs including SEMH and medical needs. This included both

individual and group formats and with CYP across primary and secondary school ages. This variation of format and client group show that it is a flexible approach.

The findings demonstrate that EPs experiences of Beads of Life were overwhelmingly positive, and many positive shared experiences were found across participant interviews. This links to previous research where professionals and CYP were described as having a positive experience of Beads of Life (Portnoy & Ireland, 2020; Portnoy et al., 2016). All participants spoke about Beads of Life with enthusiasm; they reported that they enjoyed using it, would like to use it again and would recommend it to other EPs. They identified multiple factors that they perceived to work well as part of the intervention and very few challenges.

5.2.1. RQ1a. What do EPs perceive to work well as part of Beads of Life?

This study aimed to explore factors that EPs perceived to work well when they used Beads of Life and their views on the strengths of the approach. The analysis of participant interviews revealed a number of positive experiences and strengths in relation to Beads of Life that were consistently highlighted across interviews (Overarching theme 1). Participants identified different factors that contributed towards Beads of Life providing an emotionally containing experience for CYP that supported them to feel comfortable, safe and to fully engage with the intervention.

5.2.1.1. Collaborative Working Between EPs and CYP

The data revealed a strong theme (1.1) of collaborative working between EPs and CYP that all participants experienced as a strength of Beads of Life. The

collaborative relationship was seen to be facilitated by a careful contracting process by fully involving CYP in consenting to take part in Beads of Life at the start of the intervention. The relationship was described as being collaborative throughout all of the intervention sessions. This collaborative relationship was viewed as facilitative of a non-threatening approach that helped CYP to feel comfortable and empowered to share their stories. It reflects core narrative therapy principles that place value on relationships in meaning making (Rowley et al., 2020). This finding is aligned with Portnoy et al.'s (2016) descriptions of professionals working collaboratively with CYP and taking a child centred approach as part of Beads of Life. It draws similarities with previous literature where researchers described collaborative approaches that were facilitative of CYP's engagement and an important part of narrative therapy approaches (Eames et al., 2016; German, 2013; Gilling, 2012). For example, German (2013) explained that the collaborative process helped CYP to develop confidence in choosing their preferred narratives.

It is possible that this collaborative relationship was facilitative in helping to reduce the power imbalance that could have been present between EPs and CYP. EPs were likely in a 'one up' position due to their professional and adult status in comparison to CYP (Schein, 1999). Participants described themselves as being equals to the CYP who took part in the intervention. It is part of EP practice to respect the dignity of others and take issues of power into careful consideration when working with CYP (BPS, 2018). Therefore, this finding shows that Beads of Life is a respectful approach that helps CYP to feel comfortable and empowered to engage and share their views.

The data demonstrates that Beads of Life was adapted and used flexibly by participants to meet the individual needs of CYP (Subtheme 1.1.3). EPs were sensitive and responsive to CYP's individual strengths and needs. This follows the findings of the literature review which found that narrative therapy can be used flexibly by EPs in schools and with different client groups to support their varied needs. This shows that Beads of Life is a helpful intervention that works well when facilitated in school settings, where many EPs carry out their work with CYP. It is aligned with previous research which showed that narrative therapy approaches were used flexibly based on the needs of CYP and the setting (German, 2013; Gilling, 2012). For example, White and Morgan (2006) described how they decided on the best way to apply narrative principles based on the individual needs of CYP across a number of case studies.

In the current research, the method by which participants applied Beads of Life appeared to be flexible and allowed for a person-centred planning approach. This is an approach that EPs follow, where support is put in place around the strengths and needs of CYP whose views are central (DoH, 2010; DfE & DoH, 2015). Therefore, Beads of Life provides a helpful structure that can be applied flexibly based on the CYP's strengths and needs. It is aligned with positive psychology, which is the study of strengths that helps individuals to lead meaningful and fulfilling lives and values subjective experience (Seligman & Csikszentmihalyi, 2014). It helps CYP to feel listened to and at

the centre of the process. It is likely that this allows for Beads of Life to be helpful for many different CYP and in a variety of different settings.

5.2.1.2. CYP Feel Safe

Through the participant accounts, it was evident that CYP felt comfortable and safe when engaging with Beads of Life (Theme 1.2). The beads added a third element to the relationship between EP and CYP. They were considered to take the focus away from the CYP's words and facilitate an indirect approach which helped CYP to feel safe. The participants explained that CYP felt a sense of connection to the beads due to their visual nature and physical touch. This draws similarities with the Tree of Life approach which was described as non-threatening due to the use of drawing and art (German, 2013). The use of 'externalisation', where problems are separated from people, often uses drawings and objects as part of this process. Conversations involving externalisation have been found to support the development of alternative stories and open up new possibilities for people to describe themselves (Morgan, 2000; White & Epston, 1990). It is likely that the beads supported the externalisation process and provided a safe experience for CYP to share their stories.

The findings revealed that the reliable structure of the Beads of Life approach also helped CYP to feel safe (Theme 1.3). This follows previous research which suggests that well-structured models of narrative therapy are helpful for CYP (Hannen & Woods, 2012). The structure of Beads of Life was favoured in relation to other less structured narrative therapy approaches by the participants. This is also consistent with previous research where it has been

reported that Beads of Life supports CYP to talk about their strengths and build a safe space to stand before going on to explore their difficulties (Portnoy et al., 2016). This resonates with German's (2013) study where CYP were able to find a 'safe space' through the initial strengths-based activities before they went on to discuss difficulties. It is likely that this positive psychology approach through initially focusing on strengths, alongside the reliable structure and collaborative relationship between EPs and CYP all contributed towards emotional containment to help CYP to feel safe to share their views (Seligman & Csikszentmihalyi, 2014). Containment is important in the therapeutic context as it provides a safe space for children to experience and talk about overpowering emotions (Bion, 1962).

5.2.1.3. High Level of Enjoyment

A key finding was that all participants reported that CYP enjoyed engaging with Beads of Life and looked forward to attending sessions (Theme 1.4). This echoes previous research which found that CYP enjoyed taking part in EP led narrative therapy approaches, such as Beads of Life and Tree of Life (German, 2013; Portnoy et al., 2016). German (2013) identified 'enjoyment and fun' as one of the top three things that pupils liked about engaging with the Tree of Life approach. Portnoy et al. (2016) explained that the enjoyment that CYP had engaging in Beads of Life helped them to feel happy to talk about their worries in a natural way. It is likely that CYP's enjoyment was associated with higher levels of motivation to attend and engage with sessions. Therefore, it can be concluded that Beads of Life is an enjoyable approach for CYP that likely has a positive influence on their engagement with the intervention.

5.2.1.4. Parent Engagement

Another area that participants perceived to work well as part of Beads of Life was a high level of parental involvement as it supported CYP's engagement (Theme 4.1). Parents were viewed as important figures for EPs to involve throughout the intervention process. Participants explained that parents responded well to the intervention and supported the extending of strategies to the home setting. This finding draws similarities with McQueen and Hobbs' (2014) research as they provided an insight into the benefits of collaborative working relationships between parents and professionals through narrative therapy approaches. As EPs, working collaboratively with parents is a crucial part of the role following the SEND Code of Practice (DfE & DoH, 2015). This is therefore something that aligns with EP practice and this collaborative working with parents was seen to enhance CYP's experiences of Beads of Life. Therefore, it is an important factor for EPs to consider when delivering Beads of Life. Other systemic factors that were found to work well included support from schools and from EPS teams. However, they are discussed in relation to research question 2 as they were seen to facilitate the ability for EPs to engage with Beads of Life rather than a strength of the intervention.

5.2.2. RQ1b. What do EPs perceive the challenges to be as part of Beads of Life?

This research question explores what participants perceived to be challenges specifically in relation to the Beads of Life approach and their experiences of facilitating the intervention. There were noticeably fewer challenges identified in comparison to strengths, suggesting that overall, participants had a positive experience of Beads of Life. Themes that emerged in relation to challenges

around how EPs implemented Beads of Life within their working contexts are addressed in relation to research question 2 as they were considered to be barriers to EPs' engagement with Beads of Life.

5.2.2.1. Talking About CYP's Difficulties

Two participants reflected on challenges that they encountered in relation to the 'externalising the problem' or 'medical story' aspect of the intervention (Theme 3.2). One participant experienced it as challenging due to not having enough time to complete this aspect of the intervention each week. Another participant approached the medical story tentatively and expressed reservations about its focus moving away from positives. Despite these feelings of uncertainty, this participant shared that they would like to use it and continue to reflect on their thoughts about it. This view contrasted to the majority of the other participants who did not highlight this part of the intervention as a significant challenge. Similarly, Portnoy et al. (2016) reported that CYP felt comfortable using the beads to share their cancer journey as part of the 'medical story'. They reported that CYP felt in a 'safe space to stand' to tell their cancer stories due to the initial focus on strengths and multistranded stories in comparison to single story accounts that can be retraumatising (Portnoy et al., 2016; White, 2007). This suggests that CYP are likely to experience this part of the intervention as positive due to the structure of the intervention and feeling safe. However, this finding demonstrates that it may be useful for EPs to take a critical stance and be reflective in their use of Beads of Life to ensure that it meets CYP's needs.

5.2.2.2. Supporting CYP to Engage & Understand

CYP's understanding and engagement was found to be a challenge for some participants using Beads of Life (Theme 3.3). The analysis revealed that one participant reported that CYP's individual needs, including attention and language needs, and their understanding of tasks impacted on their engagement with the intervention. This further supports Beads of Life being used flexibly, for example, adapting the length of sessions based on the attention and concentration of the CYP. Another participant shared that the CYP's physical needs meant that the beading part of the intervention was physically challenging. They described adaptations to support this, including having an adult to support the threading of the beads under the CYP's instruction, and both the positives and challenges of these adaptations. However, CYP may not feel empowered or at the centre of decision making if an adult is taking the lead in the beading process. This may present an ethical consideration for EPs as they should support autonomy and independence in CYP. However, EPs have a role in working in child centred ways and working creatively to adapt approaches based on CYP's individual needs and there may be other more empowering ways to adapt Beads of Life for CYP with physical disabilities. It must be acknowledged that Beads of Life may not be appropriate for all CYP and EPs have a role in carefully considering when it is appropriate, or when an alternative intervention would be better placed.

These participant experiences raise important points to consider when delivering Beads of Life to CYP with a variety of different SEND. This finding further emphasises the importance of EPs using Beads of Life flexibly to meet

CYP's individual needs, as previously discussed in section 5.2.1. A strength of the approach is that it can be used flexibly and adapted. It is important that the facilitator is aware of and has a good understanding of the CYP's individual needs to be able to adapt the intervention. It can be argued that EPs are well placed to do this due to their knowledge base around CYP's SEND, their role in supporting evidence-based adaptations and high level of skill in adapting practice to meet their individual needs. EPs work in a child-centred way and make reasonable adjustments to ensure that CYP have equal access to interventions following the Equality Act (2010). Furthermore, EPs have the knowledge and skills to consider whether another narrative therapy based or therapeutic approach would be more suitable based on the individual needs of the CYP. This shows that EPs have the knowledge and skills to understand the individual needs of CYP and make the appropriate adaptations that can be made due to the flexibility of Beads of Life.

5.2.3. RQ1c. How do EPs think Beads of Life helps CYP?

This research question explores participant perceptions of ways in which Beads of Life helped the CYP that they facilitated it with. The participants used Beads of Life with CYP from a variety of different ages and presenting needs including both medical and SEMH needs. This suggests that it can be used flexibly to help a variety of different CYP who may have emotional wellbeing needs but no mental health diagnoses. This shows that it could be helpful to support all CYP's emotional wellbeing and preventatively as an early intervention.

5.2.3.1. Supporting CYP's Social Skills & Relationships

An important finding was that Beads of Life was seen to support CYP's social and emotional wellbeing (Theme 2.1). Participants shared that the outsider witness process facilitated social connections as CYP offered compliments to each other. This supports Portnoy et al.'s (2016) proposal that the outsider witness process and relationship questions that CYP are asked as part of Beads of Life help them to identify significant people in their lives and the support that they can provide. The current research found that CYP were described as having a greater sense of connectedness to their peers within and outside of the intervention group as a result of engaging with Beads of Life. The intervention was seen to increase CYP's sense of belonging and connectedness amongst their peers due to supportive relationships within the intervention groups. This is aligned with research that has found Beads of Life facilitative in helping CYP to connect with other CYP and feel a sense of belonging in their peer group (Portnoy & Ireland, 2020). This finding also has similarities to with Eames et al.'s, (2016) research where participants reported an increase in confidence in their social skills and that they formed new friendships as a result of engaging with Team of Life. They reported that peer support was a crucial element of the programme as pupils learnt that others had similar difficulties to themselves. Similarly, German (2013) reported a sense of connectedness between CYP during Tree of Life activities. This research therefore shows indications that Beads of Life could potentially be a helpful intervention to support CYP to build social connections, develop a greater sense of belonging with their peers and to form supportive friendships.

5.2.3.1. Developing CYP's Strengths

Participants shared that Beads of Life had a positive impact on CYP in supporting them to recognise and develop their own strengths (Theme 2.2). Beads of Life was viewed as unique in comparison to other therapeutic approaches due to its focus on CYP's strengths and positive aspects of their lives (Theme 1.3). This finding is consistent with Eames et al.'s (2016) research which found that participants learnt about their own abilities and began using positive language to describe themselves after engaging with the Team of Life intervention. The current findings align with the EP role in helping the networks around CYP to understand their strengths from a positive psychology perspective in comparison to a medical model or a within child deficit model that focuses on difficulties (Chatzinikolaou, 2015; Seligman & Csikszentmihalyi, 2014). This is aligned with the SEND Code of Practice and importance of drawing on CYP's views and strengths to support them (DfE & DoH, 2015). Therefore, Beads of Life fits in well with EP strengths-based models of working and the legislation that EPs follow.

These findings support the literature previously described which demonstrated that narrative therapy can have a positive impact on CYP's confidence and self-esteem (Eames et al., 2016; Hannen & Woods, 2012; Rowley et al., 2020). In the current study, this appeared to be particularly evident for CYP who were described as having low self-esteem and who were initially less able to share their views. Beads of Life appeared to help them to feel confident and comfortable in asserting themselves and their thoughts. This follows previous research which has shown Beads of Life to have a positive

impact on a young person's self-confidence (Portnoy & Ireland, 2020). This demonstrates that Beads of Life could potentially support CYP's self-esteem and emotional wellbeing. This is an key government priority given the high prevalence rates of mental health disorders in CYP and it is particularly important in the current context of increased mental health needs due to the COVID-19 pandemic (BBC Children in Need, 2020; NHS Digital, 2020). Further research including the use of outcomes would help to determine the impact of Beads of Life on CYP's SEMH needs. This is further explored in section 5.6.

5.3. RQ2. What do EPs experience as facilitators and barriers to their engagement with and ability to deliver Beads of Life?

The research aimed to explore what EPs perceived to be facilitating factors and barriers in relation to their ability to engage with and facilitate Beads of Life. A variety of facilitating factors identified included systemic support from schools, EP peers and EPS teams. Barriers identified included wider systemic difficulties in relation to scheduling sessions in schools and time allocation within the EPS, and individual factors including awareness of Beads of Life and EP confidence levels.

5.3.1. Facilitators

5.3.1.1. EPS Values & Support

The positive impact of support from the EPS teams that participants worked in was identified as a pertinent facilitating factor to their engagement with Beads of Life (Subtheme 4.3.2). EPS support can help to overcome barriers later described, such as lack of EP confidence. It was seen to be important that

EPS teams understood and placed high value on the Beads of Life approach. Similarly, working as part of a team that allowed EPs to work both flexibly and independently in their preferred ways of working was seen to be a facilitating factor. This follows Hobbs et al.'s (2012) description of how narrative approaches can be embedded into EP practice and way of working within EPSs, and the positive impact that it has on EPs' use of narrative therapy approaches. Hobbs et al. (2012) demonstrated how a narrative model of delivery was embedded into EP practice across individual, group and systems work in their service. This supports the current finding that EPs are better able to facilitate Beads of Life when working as part of a team that takes up narrative approaches within other areas of their work and as a service ethos. It is an important consideration for EPs and EPSs to make when introducing and implementing Beads of Life.

This finding follows research by Atkinson et al. (2013) who found that the service context, including leadership and their role in promoting therapeutic work was an important facilitating factors for EPs to deliver therapeutic work. Drawing on Bronfenbrenner and Ceci's (1994) bio-ecological model, the systems that EPs are part of have a significant influence on their ways of working. This suggests that support from all levels within EPS teams, including senior leadership, helps EPs to be better able to successfully deliver narrative therapy interventions including Beads of Life. Furthermore, the marketisation of therapeutic services was seen to be important by Atkinson et al. (2013), demonstrating that it would be helpful for EPS teams to promote a Beads of Life therapeutic offer to schools.

5.3.1.2. Peer Supervision & Support

The data demonstrates the importance of not only being part of a supportive team but having access to peer supervision as facilitating factors to EPs successfully using Beads of Life (Subtheme 4.3.1). This finding was particularly pertinent as it was highlighted by all participants. It was viewed as crucial to have the opportunity to reflect on practice and share ideas with other EPs. This follows BPS (2017) Practice Guidelines which state that supervision is an ethical expectation and essential part of good practice for practitioner psychologists. Furthermore, this resonates with Atkinson et al. (2013) who found that access to specialist and peer supervision were important for EPs to be able to carry out therapeutic work with CYP. Peer support was viewed as instrumental as part of the supervision structure. Similarly, Looyeh et al. (2012) and Rowley et al. (2020) suggested that EPs found it helpful to have the space to discuss difficulties and connect to others with similar experiences. This links to the current research whichfound that participants valued working in a supportive environment where EPs were open to sharing ideas and supporting each other with narrative therapy practice.

This finding shows that EPs who facilitate Beads of Life should have access to regular, high quality supervision and peer support from peers who also have experience in engaging in therapeutic practice with Beads of Life. Therefore, working in a team that values narrative therapy and uses Beads of Life is a facilitating factor to EPs delivering Beads of Life. This further emphasises the importance of Beads of Life being adopted as a whole service

approach to ensure that EPs have opportunities for peer support and supervision as demonstrated in Subtheme 4.3.2. As previously highlighted, EPs have access to regular supervision as a core requirement of the role (BPS, 2017). This is in comparison to other professionals in schools who may not have regular access to supervision as a core requirement of their role. This finding therefore shows that EPs are well placed to deliver Beads of Life due to their access to this important support structure needed to facilitate Beads of Life.

5.3.1.3. School Engagement & Support

Support from schools was viewed as another important facilitating factor for EPs to be able to deliver Beads of Life (Theme 4.2). Participants reflected on their role in building trusting relationships with schools and the impact that these relationships had on schools being more open to Beads of Life. This suggests that relational factors impact on how receptive schools are new therapeutic interventions, including Beads of Life. This follows previous research which has demonstrated the importance of the relationships between EPs and Special Educational Needs Coordinators (SENCos) (Ashton & Roberts, 2006). It has been suggested that EPs co-construct their role and contribution with commissioners, such as schools, depending on what they require (Lee & Woods, 2017). Therefore, EPs are well placed to contract and deliver Beads of Life in schools where they have built strong relationships with SENCos who oversee school based therapeutic interventions. EPs have an important role in being explicit about their skillset in providing therapeutic interventions and promoting Beads of Life.

The current analysis revealed that participants felt better able to facilitate Beads of Life in schools that had a nurturing ethos and who prioritised supporting CYP's SEMH needs. This suggests that there are likely to be CYP in schools that place less value on supporting SEMH needs and therefore have less access to therapeutic support. Participants explained that it was important that schools understood Beads of Life and valued EP support in providing narrative therapy interventions. This impacted on the likelihood of them delivering Beads of Life. The DfE has identified the importance of whole-school approaches to supporting mental health and schools as settings for early identification and support (DoH & DfE, 2017; Hannen & Woods, 2012). It is therefore likely that more schools in the UK will have a focus on supporting CYP's SEMH needs and welcome therapeutic interventions that can contribute towards this. This is aligned with previous research which suggests that schools would welcome more therapeutic interventions (Farrell et al., 2006). This research shows that EPs are well placed to provide this support through interventions such as Beads of Life.

5.3.2. Barriers

5.3.2.1. Difficulty Scheduling Sessions

A number of practical challenges were identified that participants saw as barriers to using Beads of Life and their ability to successfully facilitate sessions over a course of multiple weeks. Practical challenges included interruption to Beads of Life sessions as most participants delivered the intervention in school settings across a number of weeks (Theme 3.1). The interruptions included timetabling, school holidays and CYP missing sessions due to sickness. These are important factors for EPs to be aware of and

problem solve when delivering Beads of Life in school settings. Despite these barriers, previous research has shown a variety of benefits of delivering therapeutic interventions in schools, such overcoming barriers to accessing support including time and stigma (DoH & DfE, 2017; Neil & Christensen, 2009). These findings therefore provide a valuable insight into factors for EPs to be aware of and to consider when planning on delivering Beads of Life.

5.3.2.2. Limited EP Time

Another practical barrier identified was EPs having limited time and high workloads which impacted on their ability to deliver Beads of Life (Theme 5.1). The analysis highlighted tension between EPs wanting to use Beads of Life but not having enough allocated time to deliver it in schools. Participants reflected on high levels of statutory work and schools having limited funding for EP time. They explained that this resulted in many schools using EP time for other pieces of work, such as individual assessments. This is supported by previous literature which shown that high levels of statutory duties constrain the time available to EPs (Fallon et al., 2010; Lee & Woods, 2017). However, the literature suggests that early intervention therapeutic groups can be more cost effective due to their impact on multiple CYP and at a stage before their difficulties need more higher intense support (DfCLG, 2011). It may be helpful for EPs to consider this when negotiating their time with schools.

In contrast, participants outlined how they were more able to deliver Beads of Life as a TEPs. They reported that this was due to having more time allocated, access to training as part of the EP doctorate course and the need to deliver a therapeutic intervention as a doctorate requirement. Therefore,

the wider factors of support from the training course and EPS allowed them to facilitate Beads of Life in the TEP role. Allocation of EP tasks is influenced by wider systemic factors, such as how EPS teams are structured and led. Atkinson et al. (2013) found that EPs were better able to deliver therapeutic interventions when working in EPSs that prioritised time and funding for them. Therefore, as discussed in section 5.3.1.1, EPSs have a role in supporting EPs to use Beads of Life and that this can be both a facilitating factor and barrier.

5.3.2.3. Lack of Awareness

The current research found that Beads of Life is a new approach that many EPs are not aware of and that this can be a barrier to their engagement with Beads of Life (theme 5.3). It shows that Beads of Life is not routinely offered through EP services and that few EPs are aware of it as an approach. This supports the finding that only 20% of EPs have used narrative therapy in the last two years (Atkinson et al., 2011). However, participants reflected on their hopes that more EPs will become aware of Beads of Life and that it will be more widely used in the future due to their views that it is a helpful and engaging intervention for CYP. They voiced their support for the current research in helping Beads of Life to become more well known amongst EPSs and some participants explained that that the current research had sparked interest within their own teams. This finding supports research which indicates that EPs seek further training and opportunities to deliver more therapeutic interventions (Dunsmuir & Hardy, 2016; Farrell et al., 2006). Therefore, raising awareness of Beads of Life is likely to be a helpful first step in supporting the wider use of it within EPSs.

5.3.2.4. Lack of EP Confidence

The data showed that some EPs lacked confidence in using Beads of Life as a new therapeutic approach and that this was particularly evident when they first used it (Subtheme 5.2.3). This finding indicates that some EPs may feel cautious and lack confidence when they first use Beads of Life as a new and unknown approach. This could be seen to be a barrier to EPs taking the initial steps to learn about and engage with Beads of Life. This links to research by Atkinson et al. (2013) who found that lack of opportunities to practice therapeutic skills was associated with EPs feeling less confident. However, support through the previously discussed facilitating factors of training and peer support, can potentially help EPs to overcome this barrier and feel more confident facilitating Beads of Life. This further emphasises the importance of having a good support structure around EPs who are new to using Beads of Life.

5.4. RQ3. What training, skills and resources are needed for EPs to deliver Beads of Life?

This research question aims to explore training, skills and resources that EPs need to successfully deliver Beads of Life. The results revealed that almost all participants identified narrative therapy training and an understanding of narrative therapy principles as essential. The skillset and experience that EPs possess was seen to be aligned with that needed for the facilitator role and limited resources were identified.

5.4.1. Understanding of Narrative Therapy Principles & Training

The analysis revealed that participants thought it was essential for EPs to have a thorough understanding of narrative therapy principles to be able to

deliver Beads of Life (Subtheme 5.2.2). This is due to the strong alignment of Beads of Life with narrative therapy principles and guidance from the Beads of Life creators (Portnoy et al., 2016). An understanding of these principles and narrative therapy training was seen to be more important than Beads of Life training by most participants. Atkinson et al. (2013) acknowledged the importance of continued professional development (CPD) training for EPs to deliver therapeutic interventions and lack of training was cited as a barrier to engaging with therapeutic approaches. This links to the finding that peer support helps EPs to be able to deliver Beads of Life, as a form of CPD. CPD is as a crucial aspect of the EP role to ensure that EPs continue to learn and develop throughout their careers (BPS, 2019; HPCP, 2018). This shows that EPs have opportunities to engage with further training in narrative therapy and have a role in actively seeking out this training to be able to deliver Beads of Life.

Narrative therapy training was viewed as something that not all EPs would ordinarily have received as part of their initial EP training. Some of the participants revealed that they had access to training as part of the EP doctorate course and opportunities to deliver Beads of Life as a course requirement. It is likely that the doctoral training route has supported a shift towards EPs accessing training in and carrying out therapeutic interventions, such as Beads of Life. However, this suggests variation in training opportunities. Therefore, it is likely that many EPs need to seek out opportunities for narrative therapy training. This follows Dunsmuir and Hardy's (2016) advice that EPs need to have access and actively seek out additional

training in therapeutic practice to successfully deliver therapeutic
interventions.

5.4.2. EP Skills & Experience

The data demonstrates that EPs have a variety of different skills that are needed for the Beads of Life facilitator role (Theme 5.2). Participants described these core therapeutic skills as being empathetic, calming, reflective, communication and having good organisational skills. These skills are reflected in the BPS Competencies (2019) and HPCP Proficiencies (2015) that EPs possess. This finding supports previous research which reports that EPs are well placed to deliver therapeutic interventions due to their skillset (Greig et al., 2016). The previous literature reviewed did not explore the skills needed to successfully facilitate narrative based interventions. The current research provides a new insight into the EP role and skills needed to facilitate Beads of Life. The strong alignment of skills needed to deliver Beads of Life and those aligned with the EP role further supports the view that EPs are an appropriate group of practitioners to deliver Beads of Life (Theme 5.2). Therefore, EPs are a workforce who have strong therapeutic skills that can be harnessed to deliver Beads of Life to potentially support CYP's SEMH needs given the high prevalence rates of mental health needs in CYP (NHS Digital, 2020).

5.4.3. Beads as an Important Resource

As previously discussed, reference was made to the beads as an important resource and crucial part of the intervention by many participants. They were seen to facilitate an indirect approach that helped CYP to feel safe. Lack of access to appropriate beads was seen as a barrier to EPs' engagement with

Beads of Life (Theme 3.4). The beads were described as a central part of the intervention that made it unique. They were viewed as crucial in supporting CYP to tell their stories and supported both a containing and interesting experience for CYP. This reflects the importance of having an appropriate selection of interesting beads available as a vital resource. EPs need to have access to a selection of interesting beads that meet the needs of the CYP. Participants did not describe the intervention as being resource intensive other than the beads. This suggests that the resources should be easily accessible to many EPs. However, it is important the EPSs invest in buying appropriate beads as an important resource needed to access for Beads of Life.

5.5. RQ4. What do EPs think about the EP role in delivering Beads of Life?

The research aims to explore what EPs perceive their role to be in facilitating Beads of Life, including individual factors and systemic factors. Overall, the findings suggest that EPs are very supportive of the EP role delivering Beads of Life. This research therefore has important implications for the EP role in facilitating Beads of Life with CYP.

5.5.1. Individual EP Factors

As previously described, the findings show that that EPs are well placed to deliver Beads of Life as their skillset matches what is perceived to be important to facilitate the intervention (Theme 5.2). However, some EPs may feel less confident in delivering Beads of Life as a new therapeutic intervention (Subtheme 5.2.3). Participants reported that they would like more EPs to become aware of Beads of Life, indicating that they think it fits well

with the EP role (Theme 5.3). The data demonstrates that the participants showed a high level of interest in both their own practice in relation to Beads of Life and sharing it with colleagues to make it more widespread. This seems particularly important as participants shared that Beads of Life is not currently well known within the EP community. This research therefore has implications in that it helps to raise awareness of Beads of Life within the EP community.

5.5.2. Wider Systemic EPS Factors

As previously described, the data demonstrates that EPs have positive links and good working relationships with schools, whose support is crucial for the successful implementation of Beads of Life (Subtheme 4.2.2). This supports previous research which shows that EPs are well placed to deliver therapeutic interventions as they are embedded within school systems (MacKay, 2007; Roffey, 2015). The current research found that wider systemic factors within the EP workplace impact on EP access to and delivery of Beads of Life. This includes access to peer support and supervision, narrative therapy training and access to the resources needed to deliver Beads of Life. These factors are likely to impact on the likelihood of EPs effectively delivering Beads of Life. It can be proposed that access to training and resources need to be encouraged and that peer supervision in relation to Beads of Life needs to be embedded into EPS team approaches and ways of working. EPSs need to ensure that narrative therapy training is included in part of their CPD programme. The research demonstrates that EP workload, time and funding can be a barriers that EPSs' need to consider and overcome to support EPs to engage with Beads of Life.

5.5.3. Implications for EP Practice

The implications previously described throughout this discussion section are important messages that would be beneficial to disseminate to the wider EP profession. This research demonstrates that the facilitation of Beads of Life fits within the EP role, raises awareness of the approach and provides information on factors to consider when supporting EPs to deliver Beads of Life which has been shown to be a potentially helpful intervention for CYP. It supports the EP role in being *"able to develop and apply effective interventions to promote psychological wellbeing, social, emotional and behavioural development"* through the facilitation of Beads of Life (HCPC, 2015, p.24). Models of narrative therapy practice have previously been found to be helpful and Beads of Life provides a clear, structured model of narrative therapy practice for EPs to engage with due to their strong therapeutic skillset and the increasing need to deliver therapeutic interventions within the current national context (Hannen & Woods, 2012).

This research considers important factors to address within the wider EPSs when supporting EPs to deliver Beads of Life. This has implications for services and the way that funding and EP time is allocated to schools. Small group interventions, such as Beads of Life, can be seen as more cost effective to schools due to the impact on several CYP. Schools are receptive to EP led therapeutic interventions, particularly when they understand the cost benefits and positive impact on CYP (Farrell et al., 2006). As demonstrated in this research, the relationship that EPs have with schools can impact on the willingness of schools to engage with Beads of Life. EPs have a skillset in

relating to others and building strong relationships with schools. This means that they are well placed to work collaboratively with schools to identify and support CYP's emotional wellbeing and mental health needs through the use of Beads of Life.

This research demonstrates the role that EPs could have in facilitating interventions such as Beads of Life to support CYP's mental health through government funding (DoH & DfE, 2017; NHS England, 2019). However, careful consideration needs to be made to how the EP role fits in with other professionals and ways of working including CAMHS who provide similar support. EPs have a role in working collaboratively as part of multi-disciplinary teams (MDTs) and the use of Beads of Life could provide EPs with an opportunity to further extend MDT working with mental health teams to support CYP's mental health in schools. CAMHS waiting times are extremely long with a median time of 182 days in London services and with over a quarter of referrals being rejected nationwide (Crenna-Jennings & Hutchinson, 2020). These waiting times are likely to become even longer due to the impact of the COVID-19 pandemic on CYP's mental health and access to services. Therefore, it is likely that many more CYP will be seen by EPs in schools before being seen by CAMHS. EPs will need to respond to this increased demand for mental health support in schools and they will continue to have an important role in carrying out preventative and early intervention therapeutic work in schools. Beads of Life has been demonstrated to be a well-placed intervention for EPs to use to support many CYP due to its focus on building resiliency and strength, and wide range of benefits previously described.

Therefore, EPs can draw on the Beads of Life approach to support a wide variety of CYP's emotional wellbeing and mental health.

5.6. Linking Findings with Psychological Theory

5.6.1. Bio-ecological Model

Drawing on the bio-ecological model, the findings show that Beads of Life acknowledges individual factors including CYP's own beliefs, strengths and values, and how they interact with the systems around them (Bronfenbrenner & Ceci, 1994). The findings demonstrate the potential for Beads of Life to support CYP to identify and acknowledge the unique factors that are individual to them and their lives. Alongside this, the findings highlight the important role of Beads of Life in supporting CYP to strengthen connections with those in the support systems around them. This draws on the bioecological model that acknowledges the importance of support networks around CYP and the positive impact of these supportive relationships (Bronfenbrenner & Ceci, 1994). This follows the finding that Beads of Life supports the development of supportive relationships within and outside of the Beads of Life group.

The current research draws on the bioecological system when considering the impact of the wider systems and organisations on the role of EPs in being able to facilitate Beads of Life (Bronfenbrenner & Ceci, 1994). At the level of the mesosytem, the bio-ecological model recognises the impact of wider organisations, including CYP's schools and other involved settings, such as EPSs. This research recognises the influence of wider organisational factors, including investment from schools and EPSs. They have a significant impact

on the ability of EPs to facilitate Beads of Life interventions in schools.

Investment from schools and EPSs is further impacted by wider exosystem

factors, such as government funding. This was demonstrated in the findings,

including time and resource as a barrier to EPs delivering Beads of Life. This

shows that it is important for EPs to be aware of all of these wider factors and

to work at different levels to overcome these barriers when implementing

Beads of Life.

5.6.2. Positive Psychology

As previously described in sections 5.2.1.2 and 5.2.3.1, the current findings

show that Beads of Life draws similarities with a positive psychology model as

it encourages focus on CYP's strengths, beliefs and values and using them to

overcome challenges rather than focusing on those difficulties

(Chatzinikolaou, 2015; Seligman & Csikszentmihalyi, 2014). Beads of Life

further supports separation of CYP from the difficulties through the

externalisation process, in comparison to child deficit models that locate the

problem within the individual. This research shows that EPs' positive

experiences of Beads of Life were focused around it being collaborative and

an empowering approach that helped CYP to recognise and draw on their

strengths. This had the perceived outcome of supporting CYP to become

more confident. This draws on the positive psychology principles of focusing

on character strengths, optimism, confidence, hope, gratitude and wellbeing

(Seligman & Csikszentmihalyi, 2014). Approaches that follow these principles

may be particularly important in the current Covid-19 context. It will be

important for professionals to recognise and draw on CYP's strengths and

resilience to overcome challenges brought by the secondary impact of Covid-19.

5.7. Strengths, Limitations & Future Research

5.7.1. Strengths

A strength of this research is that it provides insight into the role of EPs in delivering Beads of Life, a therapeutic intervention to support CYP's emotional wellbeing, which has not previously been explored and little research has been carried out around the Beads of Life approach. It provides valuable information around how Beads of Life can be adapted by EPs and the potential benefits of the approach. It highlights opportunities for EPs to become involved with supporting CYP's mental health in schools which is particularly pertinent in the current COVID-19 context (BBC Children in Need, 2020). Another strength of the study is that participants were recruited nationwide. This allowed for accessing EPs who have used Beads of Life in a variety of different EPS teams, formats, schools and with CYP with different needs, which allowed for broader experiences that its use in one service.

5.7.2. Limitations & Further Research

Due to the scope and timeframe of the current research, it focused solely on EP views and experiences of Beads of Life. However, it is acknowledged that the voices of CYP, parents and school staff are missing and that it would be helpful to explore their views and experiences as they are important stakeholders in the Beads of Life process. This was considered to be too challenging to explore within the timeframe available and limits to direct contact with CYP due to the COVID-19 pandemic context. Given this research

suggests a positive impact on wellbeing, further research is needed to explore both the views and experiences of this wider group of key stakeholders, and the outcomes of the intervention. This could provide a more balanced view on people's experiences of Beads of Life. It is possible that CYP, parents and teachers had different experiences and perceptions of the intervention in comparison to EPs. Further exploration and analysis of their views and experiences would help to answer the research questions in more depth and provide greater understanding to further support EPs' use of Beads of Life.

Further research is also needed to explore the impact of Beads of Life on CYP, which could be done through the use of outcome measures. The findings that participants perceived Beads of Life to have a positive influence on CYP is limited to participant views due to there not being any standardised measurement of this impact. It would be helpful to explore the outcomes of the intervention on CYP through the use of pre and post outcome measures in future research. This was not carried out in the current research and therefore reports of positive outcomes for CYP is through EP views, which are subjective. Therefore, the findings to research question 1c that suggest Beads of Life can support CYP need to be tentative and conclusions cannot be drawn. However, these EP perceptions of where change has happened could be used to guide future research. Further research could use a combination of qualitative and quantitative data to further explore outcomes. This evidence of effectiveness of the Beads of Life intervention in helping to support CYP could further support EPs to be able to use Beads of Life in schools.

The small sample of EP participants and convenience sampling method employed is another limitation. The EPs who volunteered to take part could have been more motivated to take part due to having had a positive experience of Beads of Life in comparison to those who had a neutral or negative experience, which would have biased the results. This limits the generalisability of the findings to the wider population of EPs. However, Beads of Life is not widespread within the EP community, which resulted in the need for this method of sampling. EPs were recruited from different areas across England, providing some variation in the contexts that they worked in. Their years of experience and training differed, providing more variation. A larger sample size would contribute towards providing generalisability to wider contexts.

It would be interesting to further examine how different EPs have facilitated Beads of Life in different formats and with CYP with different strengths and needs. The data showed that EPs used Beads of Life in varied formats and with different groups of CYP. It would be helpful to consider and compare the views and experiences of EPs, CYP, parents and teachers when used in different ways. The impact of Beads of Life could also be explored across these different formats of facilitation. This would provide greater understanding of the most effective methods of delivery by EPs with different CYP and in individual compared to group format.

5.8. Dissemination Strategy

The findings of this study will be shared with the EP participants through a written summary report or poster of the research. The research findings will

be presented to the researcher's EPS team with the aim of supporting Beads of Life to become better known within the EP community and supporting team members to use Beads of Life in their practice. It is hoped that this will spark further interest around Beads of Life and facilitate conversations about the EP role and models of incorporating Beads of Life into the team's therapeutic offer. As an already active member of the EPS narrative therapy interest group, the researcher aims to support local guidance around using the approach. They will continue building on their own practice using Beads of Life with CYP and hope to help raise awareness and interest in it within the EP community.

It is the researcher's greatest hope to share the findings with the wider EP community by publishing the results in a journal, such as 'Educational Psychology in Practice' as the national peer-reviewed journal for the profession and through presenting findings at a conference, such as the 'Division of Educational and Child Psychology (DECP)'. As previously highlighted, lack of awareness is a barrier to EPs engaging with Beads of Life. Therefore, it is anticipated that publishing the findings will help more EPs to become aware of and interested in Beads of Life. It is hoped that this will contribute towards more EPs using Beads of Life and having the knowledge and tools to be able to successfully implement it in their settings and that this will have a positive impact on the CYP that they will facilitate it with.

5.9. Researcher Reflections

To acknowledge the impact of the researcher on the research methods, data collection, analysis, findings and conclusions, this section is written in the first person.

I had initially planned on carrying out a mixed-methods study, having previously had a passion for quantitative research. COVID-19 restrictions meant that it was not possible to go into primary schools to measure the impact of Beads of Life on CYP's emotional wellbeing. These restrictions provided me with an unexpected but helpful opportunity to reflect on the aims of my research. This helped me to realise that Beads of Life is a new approach and how there is very little research into both Beads of Life and the role of EPs in using narrative therapy based approaches. I realised that an exploratory study would be more appropriate at this early stage. I recognised that an appropriate initial first step would be to gather views and experiences of EPs who have used Beads of Life before considering measuring the impact of the intervention. I felt excited and privileged to have the opportunity to hear the views and experiences of fellow EPs.

Having attended Beads of Life training and previously facilitated my own Beads of Life group with CYP, I found it challenging at times not to draw on and make connections to my own experience and views of Beads of Life when hearing those of the participants. I found myself making links between what participants said and my own experience and wanting to enthusiastically share them. I found myself curiously wanting to know more when I heard

about EP experiences that were different to my own. However, my own experiences of facilitating Beads of Life helped me to connect to participants and ask appropriate questions. Having my own knowledge and experience of the intervention helped me to understand certain technicalities that participants shared. This allowed me to be more present and immersed in the interview process.

As a reflexive researcher, it was important and helpful to acknowledge the impact that my own beliefs, values and experiences had on not only the interviews, but the whole research process. Supervision and using a research journal helped me to reflect on my own responses and thoughts throughout the research journey. For example, I noticed that I had wanted to agree with participants when what they said that resonated with my own experiences. This helped me to realise that researchers hold their own positions and that my own experiences may have influenced the development of my interview questions and many other key research decisions, such as the research questions. The process of reflexive thematic analysis supported me to reflect on my own assumptions that impacted on my use of thematic analysis. For example, I realised that from my own experiences I held the belief that Beads of Life is a positive approach with few limitations. The process of asking myself the interview questions and reflecting on them in my research journal helped me to realise this. Being aware of this assumption supported me to remain open and curious about participant experiences that were different to my own. The knowledge that I held this view allowed me to be open to other perspectives. This had a significant impact on my data analysis stage as it

allowed me to be more open to generating both positive and negative codes and themes. I continued to question myself and my own assumptions throughout the analysis and I ensured that the process was clearly and consistently reported.

Carrying out this research has further ignited my interest in both narrative therapy and Beads of Life. It has influenced my own EP practice and has led me to incorporate more narrative therapy based approaches across my practice from consultation to interventions and training. I have been inspired by the participants and learnt how powerful Beads of Life and narrative therapy based approaches can be. Learning from the participants has increased my own curiosity and interest in Beads of Life. My understanding of a variety of facilitators and barriers to EPs engaging with Beads of Life has made me determined to ensure best practice and support EPs to both build and use their skillset to support CYP's emotional wellbeing.

5.10. Conclusion

This study explored EPs' views and experiences of the Beads of Life intervention when used with CYP with a variety of different needs. This research found that Beads of Life is a unique therapeutic intervention that participants spoke highly of and highlighted many strengths. It was viewed as a strengths-based intervention where EPs work collaboratively with CYP to support their emotional wellbeing through providing a safe space to tell their story. It has been found to be both a structured but also a flexible and individualised approach. It is an enjoyable and engaging approach that potentially helps a CYP with a variety of different strengths and needs to build

a more positive narrative of themselves, build social connections and share their difficulties. EPs show a high level of interest in Beads of Life and they are well placed to deliver Beads of Life due to their knowledge, skillset and experience. The findings suggest a high level of alignment between the EP role and Beads of Life facilitator role. This research demonstrates the value of Beads of Life in the current context of an increased need for therapeutic support for CYP and the role of EPs in providing that support in schools.

The findings revealed that Beads of Life is a new therapeutic approach and that despite a high level of interest, few EPs are aware of it. This lack of awareness, alongside lack of confidence were identified as initial barriers to EPs becoming involved in using Beads of Life. Few practical challenges were identified, and they were described as being overcome through EPs taking problem solving approaches. Systemic factors were identified that could both inhibit and facilitate EPs to use Beads of Life. This research highlights the need for integrated working between EPs, EPSs, schools and parents to successfully facilitate Beads of Life. The findings suggest that for EPs to be able to effectively facilitate Beads of Life, the following factors are important to consider within the wider services that EPs are working in:

- Support from a service which has policies that facilitate EPs to use of therapeutic interventions
- Therapeutic offer for schools that clearly describes Beads of Life and its benefits and that is carefully contracted with schools to meet their needs

- Regular peer support and supervision from other EPs who are familiar with and actively using Beads of Life

- Access to narrative therapy training and a secure understanding of narrative therapy principles

- Access to an appropriate selection of beads as resources

The following factors are important for individual EPs to consider when delivering Beads of Life:

- Collaborative working relationships with schools that have a nurturing ethos and focus on supporting CYP's SEMH needs

- Collaborative working with parents that is carefully planned throughout the intervention process

- Use Beads of Life flexibly to meet the individual strengths and needs of CYP

Therefore, Beads of Life is a potentially helpful narrative therapy based intervention that EPs are well placed to facilitate to support the emotional wellbeing of a variety of different CYP. It is hoped that this research will support Beads of Life to become more widespread and researched within the EP community as a novel and valuable intervention that can be facilitated by all EPs.

Word count: 38,460

References

Achenbach, T. M., & Rescorla, L. (2011). *Manual for the ASEBA school-age forms & profiles*. Aseba Burlington.

Anderson, H., & Goolishian, H. (1992). The client is the expert: A not-knowing approach to therapy. In *Therapy as social construction* (Vol. 25, pp. 25–39). Sage.

Anderson, H., & Goolishian, H. A. (1988). Human systems as linguistic systems: Preliminary and evolving ideas about the implications for clinical theory. *Family Process*, *27*(4), 371–393.

Ashton, R., & Roberts, E. (2006). What is Valuable and Unique about the Educational Psychologist? *Educational Psychology in Practice*, *22*(2), 111–123. https://doi.org/10.1080/02667360600668204

Asmussen, D. K., Fischer, D. F., Drayton, E., & McBride, T. (2020). *Adverse childhood experiences What we know, what we don't know, and what should happen next*. London: Early Intervention Foundation.

Atkinson, C., Bragg, J., Squires, G., Muscutt, J., & Wasilewski, D. (2011). Educational psychologists and therapeutic interventions–preliminary findings from a UK-wide survey. *Group*, *228*, 54.9.

Atkinson, C., Squires, G., Bragg, J., Wasilewski, D., & Muscutt, J. (2013). Effective delivery of therapeutic interventions: Findings from four site visits. *Educational Psychology in Practice*, *29*(1), 54–68.

Aveyard, H. (2014). *Doing a literature review in health and social care: A practical guide* (3rd Edition). Open University Press.

Baumeister, R. (2013). Writing a literature review. In *J. M. Prinstein & M. D. Patterson The portable mentor: Expert guide to a successful career in psychology*. Springer.

BBC Children in Need. (2020). *Understanding the impact of Covid-19 on children and young people. Early Pandemic Period April—May 2020*. BBC Children in Need.

Beck, J. S., Beck, A. T., Jolly, J. B., & Steer, R. A. (2005). *Beck Youth Inventories for children and adolescent's manual*. Harcourt Assessment Inc.

Bion, W. R. (1962). *Learning from experience*. Heinemann.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101.

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. Sage.

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, *11*(4), 589–597.

British Psychological Society (BPS). (2002). *Professional Practice Guidelines Division of Child & Educational Psychology*. BPS.

British Psychological Society (BPS). (2017). *Practice Guidelines. Third edition*. BPS.

British Psychological Society (BPS). (2018). *Code of ethics and conduct*. BPS.

British Psychological Society (BPS). (2019). *Standards for the accreditation of doctoral programmes in educational psychology in England, Northern Ireland & Wales.* BPS.

Bronfenbrenner, U., & Ceci, S. J. (1994). Nature-nuture reconceptualized in developmental perspective: A bioecological model. *Psychological Review*, *101*(4), 568.

Burr, V. (2015). *Social constructionism*. Routledge.

Chatzinikolaou, R. (2015). How can strength-based interventions be useful for educational psychologists working with children and young people? *Educational Psychology Research and Practice*, *1*(1), 10–16.

Crenna-Jennings, W., & Hutchinson, J. (2020). *Access to child and adolescent mental health services in 2019*. Education Policy Institute.

Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage Publications.

Critical Appraisal Skills Programme (CASP). (2018a). *Critical Appraisal Skills Programme Qualitative Checklist*. CASP.

Critical Appraisal Skills Programme (CASP). (2018b). *Critical Appraisal Skills Programme Randomised Controlled Trial Checklist*. CASP.

Davies, S., Heyman, I., & Goodman, R. (2003). A population survey of mental health problems in children with epilepsy. *Developmental Medicine and Child Neurology*, *45*(5), 292–295.

Department for Communities and Local Government (DfCLG). (2011). *A plain English guide to the localism act.* DCLG Publications.

Department for Education (DfE) and Department of Health (DoH). (2015). *Special educational needs and disability code of practice: 0 to 25 years Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities.* DfE/DoH.

Department for Transport. (2020). *Coronavirus (COVID-19): Safer travel guidance*. Department for Transport.

Department of Health. (2010). *Personalisation through person‑centred planning*. Department of Health.

Department of Health (DoH). (2015). *Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing.* NHS England Publication Gateway Ref. No 02939.

Department of Health (DoH) & Department for Education (DfE). (2017). *Transforming children and Young people's mental health provision: A Green Paper*. DoH & DfE.

Donovan, C. L., & Spence, S. H. (2000). Prevention of childhood anxiety disorders. *Clinical Psychology Review, 20*(4), 509–531.

Eames, V., Shippen, C., & Sharp, H. (2016). The Team of Life: A narrative approach to building resilience in UK school children. *Educational and Child Psychology, 33*(2), 57–68.

Emerson, E. (2012). Deprivation, ethnicity and the prevalence of intellectual and developmental disabilities. *J Epidemiol Community Health, 66*(3), 218–224.

Fallon, K., Woods, K., & Rooney, S. (2010). A discussion of the developing role of educational psychologists within Children's Services. *Educational Psychology in Practice, 26*(1), 1–23. https://doi.org/10.1080/02667360903522744

Farrell, P., Woods, K., Lewis, S., Rooney, S., Squires, G., & O'Connor, M. (2006). *The future of educational psychologists within the new children's services*. The British Psychology Society (BPS).

Fox, M., Green, G., & Martin, P. (2007). *Doing practitioner research*. Sage.

Fredman, G. (2002). Co-ordinating cultural and religious stories of identity. *Clinical Psychology*, *17*, 29–32.

Friedli, L. (2009). *Mental health, resilience and inequalities*. World Health Organization (WHO).

Furlonger, B. E. (1999). Narrative therapy and children with hearing impairments. *American Annals of the Deaf*, *144*(4), 325–333.

German, M. (2013). Developing our cultural strengths: Using the "Tree of Life" strength-based, narrative therapy intervention in schools, to enhance self-esteem, cultural understanding and to challenge racism. *Educational and Child Psychology*, *30*(4), 75–99.

Gilligan, R. (1997). Beyond permanence? The importance of resilience in child placement practice and planning. *Adoption & Fostering*, *21*(1), 12–20.

Gilling, J. A. (2012a). 'When the powerfulness isn't so helpful': Callum's relationship with autism. *Educational and Child Psychology*, *29*(2), 32.

Gilling, J. A. (2012b). 'When the powerfulness isn't so helpful': Callum's relationship with autism. *Educational and Child Psychology*, *29*(2), 32–40.

Gilling, J. A. (2016). What can narrative therapy bring to our understanding and practice around mental health and behaviour? Constructing preferred stories in the classroom. *Educational and Child Psychology*, *33*(4), 80–95. APA PsycInfo.

Green, H., McGinnity, Á., Meltzer, H., Ford, T., & Goodman, R. (2005). *Mental health of children and young people in Great Britain, 2004*. Palgrave Macmillan Basingstoke.

Greig, A., MacKay, T., Roffey, S., & Williams, A. (2016). Guest editorial: The changing context for mental health and wellbeing in schools. *Educational and Child Psychology*, *33*(2), 6–11.

Guba, E. G., & Lincoln, Y. S. (2005). Paradigmatic controversies, contradictions, and emerging confluences. In N. K. Denzin & Y. S. Lincoln (Eds.). In *The Sage handbook of qualitative research (pp. 191-215)*. Sage Publications Ltd.

Hagell, A., & Shah, R. (2019). *Key data on young people 2019*. Association for Young People's Health.

Hannen, E., & Woods, K. (2012). Narrative therapy with an adolescent who self-cuts: A case example. *Educational Psychology in Practice*, *28*(2), 187–214. https://doi.org/10.1080/02667363.2012.669362

Hardtke, K. K., & Angus, L. (1998). *The Narrative Assessment Interview* [Unpublished manuscript].

Harper, D., & Thompson, A. R. (2011). *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners*. John Wiley & Sons.

Health and Care Professions Council (HCPC). (2015). *Practitioner psychologist: Standards of proficiency.* HPCP.

Health and Care Professions Council (HCPC). (2018). *Our Standards for CPD*. Out Standards for CPD. https://www.hcpc-uk.org/cpd/your-cpd/our-standards-for-cpd/

Heckels, T. (2019, February). *Using Beads of Life, a narrative therapeutic approach, in an Enhanced Mainstream Provision for Hearing Impaired Children*. Educational Psychology Services involvement in delivering therapeutic interventions: sharing the practicalities, London.

Hek, G., & Langton, H. (2000). Systematically searching and reviewing literature. *Nurse Researcher (through 2013)*, *7*(3), 40.

Hirschson, S., Fritz, E., & Kilian, D. (2018). The tree of life as a metaphor for grief in AIDS-orphaned adolescents. *American Journal of Dance Therapy*, *40*(1), 87–109. https://doi.org/10.1007/s10465-017-9243-7

Hobbs, C., Durkin, R., Ellison, G., Gilling, J., Heckels, T., Tighe, S., Waites, B., & Watterson, C. (2012). The professional practice of educational psychologists: Developing narrative approaches. *Educational and Child Psychology*, *29*(2), 41.

Hobbs, C., Durkin, R., Gillian, E., Gilling, J., Heckels, T., Tighe, S., Waites, B., & Watteron, C. (2012). The professional practice of educational psychologists: Developing narrative approaches. *Educational and Child Psychology*, *29*(2), 41–52. APA PsycInfo.

Hoffman, L. (1990). Constructing realities: An art of lenses. *Family Process*, *29*(1), 1–12.

House of Lords. (2018). *Library briefing: Challenges Facing Young People Debate on 13 December 2018.* House of Lords.

Hughes, G. (2014). Finding a voice through 'The Tree of Life': A strength-based approach to mental health for refugee children and families in schools. *Clinical Child Psychology and Psychiatry*, *19*(1), 139–153.

Institute of Education (IOE). (2018). *Mental ill-health and wellbeing at age 14 Initial findings from the Millennium Cohort Study Age 14 Survey*. IOE.

Kane, M., & Bibby, J. (2018). *Listening to our future: Early findings from the Health Foundation's Young people's future health inquiry*. The Health Foundation.

Khan, L., Parsonage, M., & Stubbs, J. (2015). *Investing in children's mental health*. Centre for Mental Health.

Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, *24*(1), 120–124.

Law, D., & Jacob, J. (2013). *Goals and goal based outcomes (GBOs)*. London: CAMHS Press.

Lee, K., & Woods, K. (2017). Exploration of the developing role of the educational psychologist within the context of "traded" psychological services. *Educational Psychology in Practice*, *33*(2), 111–125.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.

Looyeh, M. Y., Kamali, K., & Shafieian, R. (2012). An Exploratory Study of the Effectiveness of Group Narrative Therapy on the School Behavior of Girls With Attention-Deficit/Hyperactivity Symptoms. *Archives of Psychiatric Nursing*, *26*(5), 404–410. https://doi.org/10.1016/j.apnu.2012.01.001

MacKay, T. (2007). Educational psychology: The fall and rise of therapy. *Educational and Child Psychology*, *24*(1), 7.

MAXQDA. (2020). https://www.maxqda.com/products/maxqda-release-notes

Maxwell, J. A. (2012). *A realist approach for qualitative research*. Sage.

McQueen, C., & Hobbs, C. (2014). Working with parents: Using narrative therapy to work towards genuine partnership. *Educational & Child Psychology*, *31*(4), 9–17.

Mental Health Foundation. (2016). *How to... Look after your mental health using mindfulness*. Mental Health Foundation.

Mental Health Taskforce. (2016). *Five year forward view for mental health.* NHS England.

Mertens, D. M. (2014). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods*. Sage Publications.

Millar, R., Quinn, N., Cameron, J., & Colson, A. (2020). *Impacts of lockdown on the mental health and wellbeing of children and young people. Considering evidence within the context of the individual, the family and education*. Mental Health Foundation.

Mishler, E. G. (1999). *Storylines: Craftartists' narratives of identities*. Harvard University Press.

Morgan, A. (2000). *What is narrative therapy?* Dulwich Centre Publications.

Ncube, N. (2006). The tree of life project. *International Journal of Narrative Therapy & Community Work*, *2006*(1), 3.

Neil, A. L., & Christensen, H. (2009). Efficacy and effectiveness of school-based prevention and early intervention programs for anxiety. *Clinical Psychology Review*, *29*(3), 208–215.

Newlove-Delgado, T., McManus, S., Sadler, K., Thandi, S., Vizard, T., Cartwright, C., & Ford, T. (2021). Child mental health in England before and during the COVID-19 lockdown. *The Lancet Psychiatry*.

NHS Digital. (2020). *Mental Health of Children and Young People in England, 2020. Wave 1 follow up to the 2017 survey*. NHS Digital.

NHS England. (2019). *NHS Mental Health Implementation Plan 2019/20 – 2023/24*. NHS England.

Nightingale, D., & Cromby, J. (1999). *Social constructionist psychology: A critical analysis of theory and practice*. McGraw-Hill Education (UK).

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, *16*(1), 1609406917733847.

Persson, S., Dahlquist, G., Gerdtham, U.-G., & Carlsson, K. S. (2013). Impact of childhood-onset type 1 diabetes on schooling: A population-based register study. *Diabetologia*, *56*(6), 1254–1262.

Portnoy, S., Girling, I., & Fredman, G. (2016). Supporting young people living with cancer to tell their stories in ways that make them stronger: The Beads of Life approach. *Clinical Child Psychology and Psychiatry*, *21*(2), 255–267. https://doi.org/10.1177/1359104515586467

Portnoy, S., & Ireland, L. (2020). The "Beads of Life" approach adapted for young people with an acquired brain injury. In *Psychological Therapy for Paediatric Acquired Brain Injury* (pp. 151–163). Routledge.

Public Health England. (2014). *The link between pupil health and wellbeing and attainment*. Public Health England.

Public Health England. (2015). *Promoting children and young people's emotional health and wellbeing. A whole school and college approach*. Public Health England.

Public Health England. (2016). *The mental health of children and young people in England, December 2016*. Public Health England.

Rahmani, P. (2011). The efficacy of narrative therapy and storytelling in reducing reading errors of dyslexic children. *Procedia-Social and Behavioral Sciences*, *29*, 780–785.

Ramey, H. L., Tarulli, D., Frijters, J. C., & Fisher, L. (2009). A sequential analysis of externalizing in narrative therapy with children. *Contemporary Family Therapy*, *31*(4), 262–279.

Riessman, C. K. (1993). *Narrative Analysis. Qualitative research methods.* Sage.

Robson, C. (2002). *Real world research: A resource for social scientists and practitioner-researchers*. Blackwell.

Roffey, S. (2015). Becoming an agent of change for school and student well-being. *Educational & Child Psychology*, *32*(1), 21–30.

Rowley, J., Rajbans, T., & Markland, B. (2020). Supporting parents through a narrative therapeutic group approach: A participatory research project. *Educational Psychology in Practice*, 1–18.

S Dunsmuir, & Hardy, J. (2016). *Delivering psychological therapies in schools and communities.* The British Psychological Society. Handbook of Adolescent Psychology.

Schein, E. H. (1999). *Process consultation revisited: Building the helping relationship*. Addison-Wesley Publishing Company, Inc.

Scottish Executive. (2002). *Review of provision of educational psychology services in Scotland (The Currie Report)*. Scottish Executive.

Seale, C. (1999). Quality in qualitative research. *Qualitative Inquiry*, *5*(4), 465–478.

Seligman, M. E., & Csikszentmihalyi, M. (2014). Positive psychology: An introduction. In *Flow and the foundations of positive psychology* (pp. 279–298). Springer.

Smith, C., & Nylund, D. (2000). *Narrative therapies with children and adolescents*. Guilford Press.

Smith, J. A. (1996). Evolving issues for qualitative psychology. In J. T. E. Richardson (Ed.),. In *Handbook of qualitative research methods for psychology and the social sciences* (pp. 189–201). BPS books.

Taheri, A., Perry, A., & Minnes, P. (2016). Examining the social participation of children and adolescents with intellectual disabilities and autism spectrum disorder in relation to peers. *Journal of Intellectual Disability Research*, *60*(5), 435–443.

The Children's Charity. (2007). *Literature review: Resilience in children and young people June 2007.* The Children's Charity.

The Children's Society. (2019). *The good childhood report 2019.* The Children's Society.

Tobin, G. A., & Begley, C. M. (2004). Methodological rigour within a qualitative framework. *Journal of Advanced Nursing*, *48*(4), 388–396.

Uzun, B., & LeBlanc, S. (2017). Narrative theoretical framework. In *In A. Wenzel (Ed.), The sage encyclopedia of abnormal and clinical psychology* (Vol. 1, p. 2191). SAGE Publications.

Vromans, L. P., & Schweitzer, R. D. (2011). Narrative therapy for adults with major depressive disorder: Improved symptom and interpersonal outcomes. *Psychotherapy Research*, *21*(1), 4–15.

Warham, K. (2012). Engaging with young people through narrative co-construction: Beyond categorisation. *Educational and Child Psychology*, *29*(2), 75–84.

White, M. (2007). *Maps of narrative practice*. WW Norton & Company.

White, M. K. (1995). *Re-authoring lives: Interviews & essays*. Dulwich Centre Publications Adelaide.

White, M. K., & Epston, D. (1990). *Narrative means to therapeutic ends*. WW Norton & Company.

White, M. K., & Morgan, A. (2006). *Narrative therapy with children and their families*. Dulwich Centre Publications Adelaide, Australia.

Wickham, S., Anwar, E., Barr, B., Law, C., & Taylor-Robinson, D. (2016). Poverty and child health in the UK: using evidence for action. *Archives of Disease in Childhood*, *101*(8), 759–766.

Wiest, D. J., Wong, E. H., Brotherton, S., & Cervantes, J. M. (2001). Postmodern counseling: Using narrative approaches in the school setting. *Family Therapy*, *28*(1), 1–17. APA PsycInfo.

World Health Organization (WHO). (2018). *Mental health: Strengthening our response*. https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

Wright, A. (2018). *'Just Bead It': Hearing the voice of children with medical conditions to listen to their stories and consider how to support their educational experience*. Unpublished doctoral thesis.

Yates, T. M. F. (2013). *Resilience at an Early Age and Its Impact on Child Development: Comments on Luthar and Sameroff*. Encyclopedia on Early Child Development.

YMCA. (2019). *A different world, the challenges facing young people.* YMCA.

Zimmerman, J. L., & Dickerson, V. C. (1996). *If problems talked: Narrative therapy in action.* Guilford Press.

Appendices

Appendix A

Literature Search PRISMA Flow Diagram

Identification & Screening

Articles identified from PsycINFO, ERIC, Psychology & Behavioural Sciences, Education Source
(English language and 1990-2020, academic journals & inclusion criteria applied)
n=1435

n=1404 removed due to not meeting inclusion and exclusion criteria based on title & abstract

n=17 duplicates removed

Article matching inclusion and exclusion criteria based on title & abstract
n=14

n=6 removed due to not meeting inclusion and exclusion criteria based on full text

- Narrative psychology not therapy (*n*=3)
- Narrative therapy as methodology not intervention (*n*=1)
- Not purely a narrative therapy based approach (*n*=2)

Eligibility

Articles matching inclusion and exclusion criteria based on full text
n=8

n=3 added additional hand searches based on snowballing

- Google Scholar (*n*=1)
- Educational & Child Psychology Journal (*n*=2)

Included

Articles included in full review
n=11

Appendix B
CASP Qualitative Checklist Studies

Study	Qualitative or Mixed Methods	Section A - Are the results valid?					
		1. Was there a clear statement of the aims of the research?	2. Is the qualitative methodology appropriate?	3. Was the research design appropriate to address the aims of the research?	4. Was the recruitment strategy appropriate to the aims of the research?	5. Was the data collected in a way that addressed the research issue?	6. Has the relationship between researcher and participants been adequately considered?
		Yes/ Can't Tell/ No					
Rowley, et al. (2020)	Qualitative	**No** – background information provided by no research aims	**Yes** - allowed for exploration of experiences	**Yes** - qualitative approach with focus group method to meet collaborative nature of research	**Yes** - parents needed to have attended the Tree of Life group	**Partly** - graphic illustration from focus group represented parent's responses to the RQ. Focus group transcription not used	**Yes** - consideration given to who has present at the focus group. The influence of these relationships are also discussed in the limitations
Hannen, & Woods (2012)	Mixed Methods case study	**Yes** - objective and aims clearly stated	**Yes** - mixed methods allowed for measures of wellbeing and individual interpretations	**Yes** - measured outcomes and also subjective experience	**Can't tell** - unclear why participant was recruited, strategy not stated	**Yes** - data collection methods clearly described in relation to research issue	**Can't tell** - consideration was given to role of EP in therapeutic intervention versus other aspects of intervention but not research

Study	Qualitative or Mixed Methods	1. Was there a clear statement of the aims of the research?	2. Is the qualitative methodology appropriate?	3. Was the research design appropriate to address the aims of the research?	4. Was the recruitment strategy appropriate to the aims of the research?	5. Was the data collected in a way that addressed the research issue?	6. Has the relationship between researcher and participants been adequately considered?
				Yes/ Partly/ Can't Tell/ No			
German (2013)	Mixed Methods	**No** - aims not clearly stated	**Yes** - mixed methods to make practical pragmatic choices in conducting research in schools	**Yes** - measured outcomes and evaluative element	**Yes** - participants had attended the group as linked to the research	**Yes** - pre and post data collection methods clearly outlined	**No** - not explored
Gilling (2016)	Qualitative	**Yes** - clearly stated in abstract	**Yes** - allowed for exploration of experiences	**Yes** - qualitative approach with individual accounts	**Yes** - casework described linked to research aims	**Yes** - narrative conversations through intensive interviewing address research question	**Yes** - relationship with EP as practitioner and researcher acknowledged and thought about
Eames, et al. (2016)	Mixed Methods	**Yes** - research questions clearly stated	**Yes** - allowed for analysis of outcomes and evaluative component	**Yes** - design linked to research questions	**Yes** - identification of participants described, appropriate to aims	**Yes** - outcome measures and interview address research questions	**No** - not explored

Study	Qualitative or Mixed Methods	1. Was there a clear statement of the aims of the research?	2. Is the qualitative methodology appropriate?	3. Was the research design appropriate to address the aims of the research?	4. Was the recruitment strategy appropriate to the aims of the research?	5. Was the data collected in a way that addressed the research issue?	6. Has the relationship between researcher and participants been adequately considered?
				Yes/ Partly/ Can't Tell/ No			
McQueen & Hobbs (2014)	Qualitative	**Partly** - aim stated however it is not clear	**Yes** - allowed for exploration of experiences	**Yes** - qualitative approach with individual accounts	**Yes** - identification of participants described, appropriate to aims	**No** - audio and video recordings not taken or reported for one participant	**No** - relationship explored in terms of working in partnership with parents and relationships between EPs and parents but not the researcher and the participants
Hirschson et al. (2018)	Qualitative	**Yes** - research question clearly outlined	**Yes** - allowed for exploration of experiences	**Yes** - critical ethnographic design afforded attention to participants' cultural context	**Can't tell** - recruitment strategy not detailed	**Yes**	**Yes** - the relationships of the researchers to the children's home were detailed

Study	Qualitative or Mixed Methods	Section B - What are the results?			Section C - Will the results help locally?
		7. Have ethical issues been taken into consideration?	8. Was the data analysis sufficiently rigorous?	9. Is there a clear statement of findings?	10. How valuable is the research?
		Yes/ Partly/ Can't Tell / No			Comments
Rowley et al. (2020)	Qualitative	**Yes** - ethical approval, informed consent and confidentiality noted	**Yes** - thematic analysis, more than one person involved	**Yes** - themes clearly outlined	**Yes** - implications for practice clearly stated
Hannen & Woods (2012)	Mixed Methods case study	**No** - ethics not mentioned	**Can't Tell** - method of qualitative data analysis unclear	**Yes** - findings outlined in relation to research questions	**Yes** - model for practice proposed and outlined
German (2013)	Mixed Methods	**No** - ethics not mentioned	**Can't Tell** - method of qualitative data analysis unclear	**Yes** - findings outlined in relation to research inquiries	**Can't tell** - implications for EPs described very briefly
Gilling (2016)	Qualitative	**No** - ethics not mentioned	**Yes** - analysis described supported by visual	**Yes** - findings outlined in relation to research questions	**Yes** - implications for practice discussed thoroughly and how narrative approaches can be used
Eames et al. (2016)	Mixed Methods	**Yes** - ethical approval applied for, confidentiality and informed	**Yes** - qualitative thematic analysis and quantitative analysis described	**Yes** - findings outlined in relation to research questions	**Can't tell** - implications not described

Study	Qualitative or Mixed Methods	7. Have ethical issues been taken into consideration?	8. Was the data analysis sufficiently rigorous?	9. Is there a clear statement of findings?	10. How valuable is the research?
		Yes/ Partly/ Can't Tell / No			Comments
McQueen & Hobbs (2014)	Qualitative	**No** - ethics not mentioned	**Can't Tell** - method of qualitative data analysis not detailed	**No**	**Partly** - implications briefly discussed but no broad generalisations due to the small sample
Hirschson et al. (2018)	Qualitative	**Yes** - ethics described in detail	**Yes** - discourse analysis was outlined	**Yes** - themes are outlined in relation to the research question	**Can't tell** - wider implications not discussed (only in how it helped the participants)

Appendix C
CASP Quantitative Checklist Study

		Section A					
Study	**Method**	**1. Did the trial address a clearly focused issue?**	**2. Was the assignment of patients to treatments randomised?**	**3. Were all patients who entered the trial properly accounted for at conclusion?**	**4. Were patients, health workers and study personnel 'blind' to treatment?**	**5. Were the groups similar at the start?**	**6. Aside from the experimental intervention, were groups treated equally?**
		Yes/ Partly/ Can't Tell / No					
Looyeh, et al. (2012)	Quantitative	**Yes** - focused research issue clearly stated.	**Yes**	**Unclear** - as 30 day follow up results only reported for 7/14 participants	**Unclear** - not stated.	**Yes** - inclusion criteria the same for both groups	**Yes**

		Section B		Section C		
Study	**Method**	**7. How large was the treatment effect?**	**8. How precise was the estimate of the treatment effect?**	**9. Can the results be applied to the local population, or in your context?**	**10. Were all clinically important outcomes considered?**	**11. Are the benefits worth the harms and costs?**
		Comments		Yes/ Partly/ Can't Tell / No		
Looyeh, et al. (2012)	Quantitative	**High effect size** 1 week (d=0.93) and 1 month (d=0.74) after completion of therapy	Statistically significant decline in symptoms for experimental compared to control group	**No** - small sample size	**No** - only teacher reported behaviour was included. No child or parent outcomes	**Yes** - low harm and high costs as there were significant positive changes in the treatment group

Appendix D
Hek & Langton's (2000) Critique Criteria

Criteria
1. Is the subject relevant to the review question?
2. Is it accurate?
3. Is it well written and credible?
4. Is it peer reviewed in any way?
5. Does it ring true?
6. In what quality of journal is the report published?

**Appendix E
Recruitment Emails**

<u>Email to service leads</u>
Dear (*insert name*),

My name is Polly and I am a 2nd year Trainee EP at the Tavistock & Portman NHS Foundation Trust. I am conducting my thesis research on EPs' experiences of using the 'Beads of Life' narrative therapy intervention with children and young people. I am looking for participants who have used 'Beads of Life' to take part in a 30-45 minute interview, which would take place virtually via secure video conferencing software. The interview would involve answering questions about your experiences of using the intervention and your views on it.

I would really appreciate it if you would be able to pass this on to any members of your team that might be interested.

Please email me if you or any members of your team would be willing to take part.

Thank you very much for reading this.

Best wishes,

Polly Snowdon
psnowdon@tavi-port.nhs.uk

<u>Email to organisations/forums</u>
Dear all,

My name is Polly and I am a 2nd year Trainee EP at the Tavistock & Portman NHS Foundation Trust. I am conducting my thesis research on Educational Psychologists' experiences of using the 'Beads of Life' narrative therapy intervention with children and young people. I am looking for participants who have used 'Beads of Life' to take part in a 30-45 minute interview, which would take place virtually via secure video conferencing software. The interview would involve answering questions about your experiences of using the intervention and your views on it.

Please email me if you would be willing to take part or would like further information.

Thank you very much for reading this.

Kind regards,

Polly Snowdon
psnowdon@tavi-port.nhs.uk

Appendix F
Participant Information Sheet

NHS

The Tavistock and Portman
NHS Foundation Trust

Exploring Educational Psychologists' views and experiences of the 'Beads of Life' intervention

Participant Information Sheet

I would like to invite you to take part in the study to help better understand Educational Psychologists' views and experiences of the 'Beads of Life' narrative therapy based intervention. The research aims to help understand the role of Educational Psychologists (EPs) in delivering narrative therapy interventions, specifically, 'Beads of Life'. The research is being conducted by Polly Snowdon (Child, Community & Educational Psychology, DEdPsy), under the supervision of Dr Stephanie Satariano, based at the Tavistock & Portman NHS Foundation Trust.

What do I need to do if I decide to take part?
Your participation is voluntary. If you do decide to take part, you are free to withdraw at any time and without giving a reason. You can withdraw any unprocessed data previously supplied. You will be asked to complete a short five-question questionnaire about your experience as an EP or Trainee EP and training in narrative therapy. We would like to invite you to take part in an interview that is expected to last around 30-45 minutes. You will be asked about your experiences of using 'Beads of Life' and your views on the intervention, which will be audio recorded. The interview will take place via video conferencing platform Zoom. This is to account for the recent outbreak of Covid-19, ensuring we are avoiding all non-essential travel and contact and observing social distancing measures. I will make video and audio recordings of the interview, which will be stored securely and transcribed for analysis. Videos will be deleted once the research is completed and written up.

Will the information be kept confidential?
All of the information that you provide will be kept strictly confidential. Any personal information, such as your name, will be kept separately from the other information you provide. In this way, all information collected will remain anonymous. The audio and video recorded data will be stored securely on an encrypted device. The data generated in the course of the research will be retained in accordance with the University's Data Protection Policy. Access to the information will be restricted to the study team. The only time we will tell anyone else about what you have said, giving your name, is if we think someone risks being hurt. There is a small sample of 6-8 participants taking part in the research, which may have implications for anonymity. However, to protect your identity, pseudonyms will be used and any identifiable details changed.

What will happen to the results of the research?
Once we have carried out the intervention and collected information from all participants taking part, a report will be written with the study findings. You will have the option to request a copy of the report.

This project has been reviewed by the Tavistock Research Ethics Committee and has been given a favourable ethical opinion for conduct. Please do ask if there is anything that is not clear or if you would like more information. If you agree to take part in the study, please sign the consent form attached. Thank you.

Polly Snowdon   Dr Stephanie Satariano

Trainee Educational Psychologist   Educational & Child Psychologist
Tavistock & Portman NHS Foundation Trust Tavistock & Portman NHS Foundation Trust
psnowdon@tavi-port.nhs.uk

Please note: If you have any concerns about the conduct of the investigator, researcher(s) or any other aspect of this research project, they should contact Simon Carrington, Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk).

Appendix G
Participant Consent Form

NHS
The Tavistock and Portman
NHS Foundation Trust

Research Title: Exploring Educational Psychologists' views and experiences of the 'Beads of Life' intervention

Participant Consent Form

I agree to participate in this research study conducted by Polly Snowdon (Trainee Educational Psychologist) and supervised by Dr Stephanie Satariano (Educational & Child Psychologist).

By signing below, I am agreeing that:
- I have read and understood the Participant Information Sheet.
- Questions about my participation in this study have been answered satisfactorily.
- I am taking part in this research study voluntarily.
- I understand that I can withdraw from the study at any time and withdraw any unprocessed data previously supplied.
- I agree for my individual interview to be audio and video recorded.
- I am aware that there is a small sample size taking part in the research, which may have implications for anonymity. I understand that all participant data will be anonymised (including names) and kept confidentially.
- I am aware that limitations in confidentiality involve where imminent harm to self/or others is disclosed.
- I am aware that I will not be identifiable in any arising publications including publications in academic journals and presentations of research.
- I understand that unidentifiable extracts from my interview may be quoted in the thesis and any subsequent publications.

Name: *

Signature: ....*

Date:

Participants wishing to preserve some degree of anonymity may use their initials (from the British Psychological Society Guidelines for Minimal Standards of Ethical Approval in Psychological Research)

Appendix H
Participant Contextual Questionnaire

NHS
The Tavistock and Portman
NHS Foundation Trust

Participant ID: _____

Exploring Educational Psychologists' views and experiences of the 'Beads of Life' intervention
Questionnaire

1. What is your role?
☐ Educational Psychologist
☐ Senior Educational Psychologist
☐ Principle Educational Psychologist
☐ Trainee Educational Psychologist
☐ Other (please specify):

2. What setting do you work in?
☐ Local Authority
☐ Private setting
☐ Charity
☐ National Health Service
☐ Other (please specify):

3. How many years of experience do you have working as an Educational Psychologist? If you are a Trainee Educational Psychologist, what year of training are you in?

4. Have you had training in narrative therapy?
☐ Yes
☐ No

If yes, please briefly describe the training (E.g. Who provided the training? Approximately when did you have the training?)

5. Have you had training in 'Beads of Life'?
☐ Yes
☐ No

If yes, please briefly describe the training (E.g. Who provided the training? Approximately when did you have the training?)

Appendix I
Semi-structured Interview Questions

Test audio and video quality with all participants

'My name is Polly. I am a Trainee Educational Psychologist with an interest in narrative therapy. As you know I am particularly interested in 'Beads of Life' and am very grateful that you've taken the time to talk to me about this today. I am just going to run through a few key points before we begin recording the interview.

- Due to the current situation (Covid-19) we're speaking via video call. I am aware that this might feel a little different to a normal interview, but I hope you can feel at ease and are able to treat it as a normal conversation.
- Due to this there could be some technology problems with video/sound but I hope it will run smoothly.
- You have read the information sheet and signed the consent form.
- Have you got any questions? There will be an opportunity to ask questions at the end too.
- Can I check - are happy for me to begin recording? This video will be recorded and stored on my encrypted laptop and will not be accessible to anyone else.

Start recording

1. Firstly, could you tell me about your experience or experiences of using Beads of Life?
   Follow up questions
   a. How many times have you used it?
   b. Who are the children/young people you have used it with?
   c. What were the children/young people's ages? What were their needs?
   d. What format did you run the intervention (1:1, group)?
   e. What worked well?
   f. How has it helped the children or young people you used it with?
   g. Did you encounter any challenges? What challenges did you encounter?

2. Could you tell me what your views are on the Beads of Life intervention?
   Follow up questions
   a. Is there anything you particularly like about it?
   b. Is there anything you do not like about it?
   c. Is there anything you would change about it?

3. Are there any factors that have helped you to be able to deliver Beads of Life in your role as EP?
   Follow up question
   a. How have they helped you?
   b. Have you had any support in your role as EP to be able to deliver Beads of Life?

4. Are there any barriers to delivering Beads of Life in your role as EP?
   Follow up question
   a. How do you think these barriers could be overcome?

5. What training, skills and resources do EPs need to deliver Beads of Life?

6. Is there anything else you would like to tell me about Beads of Life?

Appendix J
Braun and Clarke's (2013) Thematic Analysis Criteria
"15-point checklist of criteria for good thematic analysis" *(p. 287)*

Process	No.	Criteria
Transcription	1	The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for 'accuracy'
Coding	2	Each data item has been given equal attention in the coding process
	3	Themes have not been generated from a few vivid examples (an anecdotal approach), but instead the coding process has been thorough, inclusive and comprehensive
	4	All relevant extracts for all each theme have been collated
	5	Themes have been checked against each other and back o the original data set
	6	Themes are internally coherent, consistent, and distinctive
	7	Data have been analysed – interpreted, made sense of – rather than just paraphrased or described
	8	Analysis and data match each other – the extracts illustrate the analytic claims
	9	Analysis tells a convincing and well-organised story about the data and topic
	10	A good balance between analytic narrative and illustrative extracts is provided
Overall	11	Enough time has been allocated to compete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly
Written report	12	The assumptions about, and specific approach to, thematic analysis are clearly explicated
	13	There is good fit between what you claim you do, and what you show you have done – i.e. described method and reported analysis are consistent
	14	The language and concepts used in the report are consistent with the epistemological position of the analysis
	15	The researcher is positioned as active in the research process; themes do not just 'emerge'

Appendix K
Ethical Approval

The Tavistock and Portman **NHS**
NHS Foundation Trust
Quality Assurance & Enhancement
Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
NW3 5BA
Tel: 020 8938 2699
https://tavistockandportman.nhs.uk/

Polly Snowdon

By Email

19 May 2020

Dear Polly,

Re: Trust Research Ethics Application

Title: Exploring the use of the 'Beads of Life' narrative therapy school based group intervention with primary school children with social, emotional and mental health (SEMH) needs, and their experiences of the intervention.

Thank you for submitting your updated Research Ethics documentation. I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

The assessors also wanted to feed back on some advisory comments:

The student should be commended on the flexibility and pragmatism with which they have responded to the COVID-19 lockdown and its implications for their previously agreed project. This revised proposal builds on the student's expertise in the intervention (Beads of Life) while turning to practitioners for a different sort of study investigating their experiences and views of it. I have no ethical concerns.

Please be advised that any changes to the project design including changes to methodology/data collection etc, must be referred to TREC as failure to do so, may result in a report of academic and/or research misconduct.

If you have any further questions or require any clarification do not hesitate to contact me.

I am copying this communication to your supervisor.
May I take this opportunity of wishing you every success with your research.

Yours sincerely,

Quality Assurance & Enhancement Directorate of Education & Training
Tavistock Centre 120 Belsize Lane London NW3 5BA

Tel: 020 8938 2699 https://tavistockandportman.nhs.uk/

Paru Jeram

Secretary to the Trust Research Degrees Subcommittee
T: 020 938 2699
E: academicquality@tavi-Port.nhs.uk

cc. Course Lead, Supervisor, Research Lead

Appendix L
Example Interview Transcript

Interview 04 Transcript

Interviewer (I): So first of all could you tell me about your experience or your experiences of using beads life?

Participant (P): Mmhuh well so I think I said in my questionnaire it's not something I have lots of experience with erm so in my in my first year of being erm a trainee in [Leeds] so that would be my second year of training erm my supervisor was interested in Beads of Life and she suggested that it might be nice for me to come along and see her engaging with a young person using that intervention and so I was able to go and I think maybe see two sessions of one of the interventions that she was running and kind of participate a little bit in those sessions erm so that was really nice and then I used it once with one young person in that same school year but it was towards the end of the year erm and that is actually the only time I've used it. It was really I really enjoyed using it at that time and I was actually supposed to be using it again a few well now a few months ago starting it but because of the current situation we've ended up doing some virtual work and using the tree of life instead erm just because it's easier for us to do our own thing and then show each other on the camera erm and I think a big part of the beading is actually physically passing them between you and being able to kind of have that erm that contact really so it didn't really feel like it was adaptable to doing it on Zoom. Do you want me to kind of tell you about the actual when I used it myself how much do you tell do you want me to go in?

I: Yes so that would be really helpful if you could just tell me if that experience of using it.

P: Yeah okay erm so probably helpful for you to know about erm the young person that I worked with and why we decided to use Beads of Life. So the young girl I worked with was year eight and she was referred to the EP service because she had a diagnosis of OCD traits and erm anxiety so they hadn't said it was OCD but they said OCD traits and anxiety should have lots of involvement with CAMHS and was seeing a CAMHS therapist but wasn't engaging very well with that CAMHS therapist at the time. Erm when I met with her parents they were very emotional and they'd kind of said previously her OCD traits had manifested as a more physical presentations so kind of the hand washing and checking things but over the last year or so possibly to do with the erm transition to secondary school she'd also started having very low mood lots and lots of difficulties erm regulating her emotions she was having lots of intrusive thoughts and she was really struggling and as a result she'd kind of stopped attending school a lot of the time erm and parents were just really really keen for her to be happier see some positives because I think she was feeling really quite negative erm about herself and for her to be able to engage a little bit more in school so I talked to them about using I kinda just called it a beading activity and I explained how it would work and I explained

that it was based on narrative principles and then kind of talked them through what those principles were and what the aim of the sessions could be. Erm I sent her a letter with a picture of myself on because obviously it was somebody that she hadn't seen before I wasn't someone familiar to her so I sent her a letter and described what we could do and asked if she wanted to participate in it erm and I said that if she wanted to she could bring a friend with her if that would make her feel more comfortable or we could just do it just the two of us and she chose to bring a friend she replied and said that she would like to do it and she chose to bring a friend and so we had erm well we did six sessions but the first four were myself the young person who was kind of the target of the intervention and then her friend and they were focusing on just the general erm the general beading that were about the daily activities and the skills and abilities those first bits and then I gave her the option of doing the problem thread either with I said we didn't have to do it but we could and if we did do it she didn't have to have her friend there it could just be the two of us if she felt more comfortable with that erm and she chose that option so we did the step the last two sessions just the two of us. Erm I really enjoyed it and I think I got some really nice feedback from everybody involved and I think erm like I said I would definitely do it again it was it was a really really nice experience.

I: Oh brilliant and what would you say worked well?

P: I think one of the biggest things I've actually just found so I've moved local authorities between placement my placement finishing and starting work so and I sent myself lots of anonymised reports so I've just been looking through to find the communication that I had sent to people after that work had been completed and wrote down what people had said in their feedback so that could be quite helpful erm but looking back on that and reflecting upon it I think the reason the intervention works so well is because there was something else in the conversation it wasn't just me and a young person talking with that pressure of the face to face I'm asking your question and you have to answer me I think having that additional tool was really helpful and it wasn't just something to look at it was something to physically do and manipulate and kind of you can get a little bit lost in doing that erm I think I think it's called distanciation I don't know if that's a word that you are familiar with but it was something that came across at the time when I was thinking about why it erm why it worked so well and I think it just it felt like more of a triangle as opposed to it being directly as just another element to that conversation. Erm I think the fact that the young person had her friend there too I think that probably contributed to the success of the intervention because it just it made her more at ease to start with I think. Erm and probably one of the reasons is also I think it's quite nonthreatening I think children find it quite intriguing because it's something a bit different and I made sure I went with a I had a really bright colourful box loads of different beads erm and just tried to make it as appealing as possible really and just tried to make it quite relaxed so.

I: Fantastic and how would you say it helped the young person that used it with?

P: Would it be helpful for you if I read out her feedback or do you want it to come from me?

I: Erm it's up to you what would you rather?

P: I think the the reason I've written it down is because it was two years ago and I've seen so many children since and I want to make sure I'm actually kind of giving you erm giving you the real account of it because it is such a long time ago so if I read out what she wrote then that might be quite helpful if that's alright for me to do it that way then at least it's using her words.

I: That sounds great.

P: So I asked two evaluation questions at the end I said 'what do you think has gone well in our sessions?' and she said 'I think that it's made me feel a lot more positive and made me see the positives in my life and how much bigger the positive thread is than the problem thread' so that was nice I think that was something that we really tried to focus on at the end was comparing the two threads and I remember actually erm her pointing out that the problem thread was still beautiful which was really nice that she said that erm and then the second question I asked was 'what do you think that you will remember from these sessions?' and she said 'the problem is separate from me and isn't a part of me the problem is the problem' so that was really nice because it really felt like the message that I had tried to communicate to her and that we were hoping was going to feed through these sessions it had been communicated and she had kind of internalised that during the sessions erm I have some feedback from her mum too which you might find interesting so I asked mum the same questions so the first question was erm 'what do you think has gone well in the sessions?' and she said 'the fact that she even committed to the sessions and found something that she was happy to do is really pleasing I think the fact that it was you her and the beads made her feel more able to open up it's not just back and forward between two people' so I guess that kind of reflects what I was saying earlier erm and the thing that I that she said she thought she would remember was she said 'I'm hoping she might be able to be a little bit more open with her friend now because even being open and starting to talk about positives with another person is huge for her' I think she's been quite closed until that stage erm and she said 'it's positive that she started to consider that the problem is a separate entity from herself' erm and she'd taken the beads home and pinned them onto her curtain pole which was nice so yeah I think she had a positive experience from it which is really nice erm and I know I remember school saying that she'd been kind of seeking out the support in school which she hadn't always done so she was accessing a particular member in school a member of staff in school to go and see her out if she did have something that she needed to get off her chest or talk about it so I guess that was positive too. Erm we did the sessions on a Monday morning what could have gone either way because of her non attendance and the fact that she was finding it quite difficult to get into school and some days she came in in her own clothes she came for the session and then she went home but at least she came into school for that

period of time I think and like her mum said she was really committed to those sessions it was something that she was erm really adamant that she wanted to do even if she couldn't then face school so I think that was that showed that she could have valued it and she enjoyed the sessions and then it also meant that some days she then stayed she felt comfortable staying for the rest of the school day or at least some of the school day erm so that felt like a real positive as well.

I: Oh brilliant thank you and thank you so much for sharing the feedback as well.

P: That's okay.

I: Did you encounter any challenges at all?

P: I don't think I encountered challenges as such I was having a think earlier and one of the things that I would reflected on was that the piece of work ended in the summer term erm and then I assumed that I would continue being the EP for that school for the following year and then unexpectedly wasn't and I had communicated to the parents and her that if she wanted to pick the work back up then that would be fine we could pick that back up the next year but then obviously because the EP changed I don't know whether or not the EP that would have gone back into that school after me would have had the interest in doing this would have had any experience doing this erm so I suppose that's one thing that I did think about I was never aware that she had asked to pick it back up again erm and I've never said it will definitely be made but I said you know contact the EP service again and mum had my number and things so I think if there had been an issue I was there for another year in the EP service I think I would have known but that was just something that I was thinking about in that actually with it being something that is I would say quite specific to a certain group of EPs it's not necessarily something that all EPs would be able to just pick up and erm continue if another EP had started that piece of work. Erm and then the only other challenge I suppose would be that space just really practically space I'd asked for a room erm a private room but you know what schools are like and they can often find it quite tricky to be able to provide you with privacy erm so in the end we settled for a table in quite a large room but they were the people in there it was kind of I think their space where children who weren't engaging in lessons would go and access computers and it was a really big room so no one could over hear what we were saying we made sure we were always on the same table at the other side of the room for everybody else and every time I would kind of check that erm that they were both happy engaging in that environment and they never said that they weren't it they didn't they didn't seem to be uncomfortable erm but that was something that I was mindful of at the time was just that it it didn't feel as private as I would have liked it.

I: Mmhuh okay thank you and could you tell me what your views are on the Beads of Life intervention?

P: Yeah I think I've probably made that quite clear already because [laughs] I did really enjoy doing it I think it was really I think it was effective for this young person and like I said I'd like to do it again in the right circumstance I think it definitely has a place where it would be helpful so where there is something either medical or erm there's an aspect that the young person finds problematic to try and tease that out from being part of them if it I think that's when I think it's quite effective is when maybe the young person had a particular view of themself and it would possibly be helpful to try and help them to think of an alternative view of themselves I think that's when I see a place for the Beads of Life. Erm I I think some of the things that could prevent me using it is those practical elements so things aren't so things like space things like having your service level agreements with school and it's quite timely it's quite time consuming so I had six sessions with the young girl so I suppose it's making sure that schools are happy to use that much of their bought time for that kind of work which I think to be honest in my local authority lots of schools are open to different kind of working but I know that's not the case for lots of different schools. Erm but I personally think it's a it's a lovely thing to engage in it can be really effective and I would like to use it more and I think it would be nice for more EPs to be aware of it because I don't think it's something that lots of EPs are aware of.

I: Is there anything else about it that you particularly like?

P: I think generally just I really like narrative approaches anyway because I think they're so open and they allow the conversation to go in different ways that generally you wouldn't have taken them if you were asking more specific questions erm and you kind of I remember the first time I I engaged in some narrative work in my second year of training finding it really daunting because I thought this is a really you have to just go with the conversation and trust it and be able to kind of talk in a particular way and answer questions in a particular way and kind of just communicate slightly differently than we are used to communicating but I think once you get into that mindset and you're able to use that kind of language erm you see the children and young people actually they can take a step back and they can visualise and externalise what it is that they're talking about which I think seems to be helpful in allowing them to not feel threatened and erm to kind of feel a bit more in control of that situation. I think I really love the idea of narrative allowing people to be experts in their own lives that's one of the things that really drew me to it the first place because I think as people we just make such huge assumptions sometimes about what's best for the people and what other people might want out of their lives and actually it's better to hear it from them and to kind of follow their own values and I think the Beads of Life just really allows you to do that erm based on the narrative principles.

I: Mm brilliant and is there anything you don't like about Beads of Life or anything about it that you would change?

P: I don't think anything in particular I I would always probably uh alter it slightly to fit with the young person I was working with if I felt like it needed to be so it always tailor it I suppose I wouldn't just ask the specific questions

maybe that are laid out erm so when I used it with this young girl I created my own prompt questions based upon the article the Sara Portnoy article and I had discussions with my supervisor who'd been on the training. I created my own question framework around it that I felt would then be accessible to this young girl so I think there's nothing I'd particularly change as long as it feels acceptable but I am able to slightly alter the way it's used erm and allow that to be more suitable to each situation I think and I suppose it's not just I think that one of the things is I wouldn't say that it had to be used for a specific medical condition which is possibly the way that it was erm designed but I think it can work in different situations as well.

I: Mmhuh okay and are there any factors that have erm helped you to be able to deliver Beads of Life in your role as EP?

P: I think again the time element is a big one and the school that I delivered the Beads of Life in had a really big SLA with our erm service so they were they were quite open to different kinds of working because they weren't just focused on erm having a particular type of assessment to lead to an EHC application or something like that which some of the schools that have smaller SLAs they want to use that small amount of time in a very specific way erm so I think that was a factor that allowed that to happen. I think it would depend on your local authorities your place of work's model of working because I know some local authorities do have quite strict either consultation models or erm different ways of working which wouldn't allow for that. At the moment the local authority that I'm in it is very flexible and we can work in whatever way we think is helpful for that young person erm but I think one thing could be whether you were able to get effective supervision around it I suppose I think there are people within my service and my supervisor now does have an interest in narrative approaches and therapeutic work but I know that some EPs don't and so whether you're able to kind of get some supervision around that and have someone to bounce those ideas off could also influence that as well.

I: Brilliant and you've already touched on this a bit but are there any other barriers that you can think of erm to delivering Beads of Life in your role as EP?

P: I don't think there are any others I think (.) I would never expect that you could just go in and do it without just really discussing it with all of the people involved first erm I think it needs to be carefully considered and I think inviting the young person to do that with you is quite a nice way of doing it because again it allows them to be in control. Erm I can't think of any other particular barriers other than like I said the time the space and erm I guess the lack of someone who was able to supervise you.

I: Mmhuh and what training skills and resources do you think EPs need to be able to deliver Beads of Life?

P: I think definitely an understanding of narrative and narrative principles is helpful because although it's quite a discrete intervention I think it is

fundamentally based on those principles and you need to have a good understanding and appreciation of where it is that you're coming from with your questioning erm and so that you don't lead the children that are the children that are involved in any particular way. I think some understanding I don't necessarily think you need to have direct training in Beads of Life you might disagree with that erm just because I think if you have I was trained just by my supervisor who had been to the training so I haven't done kind of a proper course in it I suppose erm but I never felt under equipped because my supervisor had done the training and now she actually trains Year 1 trainees Year 2 trainees in the university as well erm so I think as long as there's somebody there that can guide you through it and support you through that and you have the confidence to do that then I think it's okay.

I: Mmhuh brilliant and are there any particular skills or resources that you think that EPs need to be able to deliver it?

P: I mean I suppose the obvious resources are the beads making sure you've got lots of beads because I think that's what that's one of the things that the young people I spend time with spent so long looking at all of the different beads that I'd brought in really considering them and I wanted to always make sure that I replenished them after each session so there were new ones to look at erm you need to make sure that whoever either whoever you're working for allows you to do that and buy lots and lots in or you're willing to do that yourself I just got my own when I was a trainee and I've got my own little kit that I carry around with me. Erm (.) I think skills I just think you have to be an empathetic person and quite able to relax a young person which I think lots of EPs are anyway lots of EPs go into the profession and they already have these skills but those soft skills which allow children and young people to feel at ease erm allow them to share their stories. Quite a lot of the time I found myself just stopping and just giving them a bit more time than would generally be comfortable erm when I was working with young people just to see if anything else came out from them and actually once you give them that space it's amazing how much they can tell you but they're possibly not given that space so I think I'll never underestimate the value of a really long pause ((laughs)) erm and that felt like a scale that I had to really teach myself.

I: Okay brilliant and is there anything else you would like to tell me about Beads of Life?

P: I don't think so I would really like to have more experience of it and actually you know reading the report that I sent out at the end of the work that I completed a couple of years ago really made me want to go out and do it again. Erm and I can remember how effective it felt at the time and how much I enjoyed it. Yeah I I'm just so happy that somebody is kind of looking into this and erm you obviously got an interest in it too which is why you've chosen to research it so I think I would like it to have more of a widespread erm not following but I would like more EPs to be interested in it I suppose.

I: Ah thank you so much so that's all of my questions.

Appendix M
MAXQDA Initial Codes

∨ 📁 **Code System** ➕	524
∨ EP Role	1
∨ Role of TEPs using BoL	14
BoL training for TEPs	3
Support from placement & balanced workload as TEP	1
Need to fit BoL in placement days	1
Able to buy resources as a TEP	2
Opportunity to use BoL as a TEP	4
∨ General EP skills are needed to run BoL	4
Reflective skills	3
Good listening skills of the EP	3
Attuned with CYP	1
Empathy with CYP	2
Organisation and planning	3
∨ EP role & ways of working facilitating/barrier to using BoL	14
∨ Support from EPS & EPS ways of working	9
Schools having to buy in traded time - barrier	4
EPS flexible/open to ways of working	3
EPS understands & values BoL	4
∨ BoL fits well with EP role	4
Flexibility of EP role	2
Needs to be more awareness of BoL amongst EPs	7
∨ EP shows enjoyment/interest in BoL	20
Powerful moment as an EP	2
EP would like to use BoL more/recommend to others	9
Not all EPs are interested/trained in BoL	1
EPs need to feel confident & don't always	8
EPs not encouraged to use new approaches	1
Need to show evidence of success in traded work	2
EPs too busy with other work to engage in BoL	4
EP's own experience of taking part in BoL	2
EP learnt about BoL from using it with CYP	3

- Challenges — 4
  - CYP's SEN needs not appropriate for BoL — 4
  - Difficult to evaluate — 2
  - Practical element of beads difficult for CYP — 4
  - BoL sessions interrupted & not finished — 6
  - Understanding the process/task — 4
  - Externalising the problem was difficult — 5
  - Some activities were time consuming — 2
- What helped to deliver BoL — 2
  - EP working collaboratively with CYP — 11
  - Parent engagement/support — 7
  - School prioritises, supports & engages with BoL — 16
    - Good communication with school — 4
    - School values EPs & EP opinions — 2
    - School open to different ways of working — 4
    - School keen to deliver BoL — 1
    - Support from the school is needed — 3
    - School had a holistic/nurturing ethos/SEMH focus — 5
  - Peer support/supervision helpful — 12
- Training to deliver BoL — 4
  - Training in group dynamics — 2
  - NT training — 7
  - Understanding of narrative principles/therapy — 9
  - BoL training — 7
- BoL viewed as positive — 9
  - Fits in with NT tools/compared to other NT — 2
  - Documentation element, keeping the beads — 6
  - Outsider witness positive — 12

Good structure to BoL	11
BoL can be used flexibly & adapted	12
Creates/importance of a safe space	10
⌄ CYP benefitted from BoL	4
Physical beads positive/powerful	9
CYP enjoyed BoL	10
Other people noticed positive changes	4
Opportunity to talk about challenges	5
Opportunity to talk about positives/strengths	13
CYP lead as experts in their own lives/empowering (+)	13
Non-threatening, NT accessible to CYP	6
Supportive relationships/peer support during BoL (+)	11
Facilitated connecting to others/belonging/friendships (+)	18
Helped CYP separate problem from the person	2
Noticing exceptions	2
Giving CYP time with an adult to feel heard	5
Improved CYP's emotional wellbeing/self-esteem/confidence	10
⌄ Practical aspects	1
Ground rules important	2
Ice breaker activity helpful	2
⌄ Good selection of beads	11
Beads are costly	2
Time taken to deliver BoL & EP workload	15
Important to consider group dynamics	2
Protected consistent space	4
⌄ CYP selection	5
CYP missing/out of school	2
Supporting CYP's identity	3
Friendship difficulties	1
Different & more positive than previous therapeutic input	7
Young carer	1
Medical needs	9
To support CYP's SEMH needs	7
CYP's consent/engagement important	8
📁 Sets	0

Appendix N
Example Interview Transcript with Initial Codes
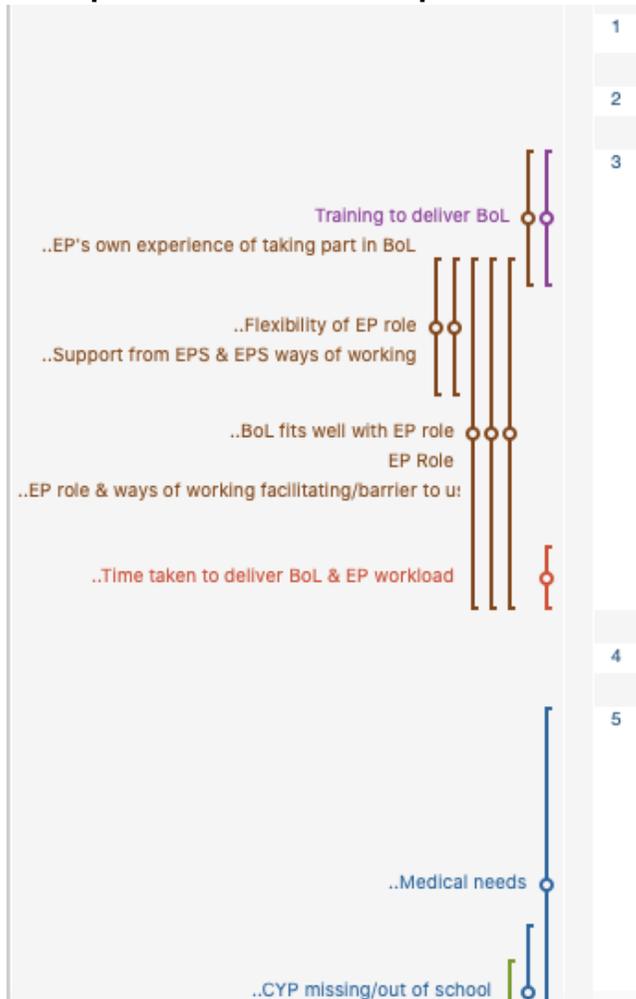
Interview 02 Transcript

I: So firstly could you tell me about your experience or your experiences of using Beads of Life?

P: Yeah so erm I initially erm got to know Beads of Life through sort of going to a one day workshop run by Sara and so that was how initially I sort of got to know it a little bit erm and as part of that workshop you you kind of do your own thread and that kind of thing so I suppose my initial experience was being a participant in sort of developing my own thread with other people and that kind of thing erm and then I took it sort of back to the service and in the role that I have and I have a specialist role for hearing impaired and visually impaired young people and I I did see I see part of my role with those young people is helping them with their sort of social and emotional development and helping them to just sort of be the whole best person that they can be in the way that they they want to live and I see that as quite in helpful part of the role because the other adults who are in their lives professionally they have lots of qualifications around their sort of sensory impairment but not necessarily around that particular area so I thought that that's sort of what I can help contribute and I felt that Beads of Life would fit with that although I'm very aware that this actually it could fit within other areas of my work as an educational psychologist though at the time I had a main grade job as well and I could also see that it would fit very well within some of the main grade aspects but because of the time I had within my specialist role I had more time to run a group and then fulfil that within that particular specialist role. So when I tell you around the first group that I ran?

I: Yes that would be great.

P: Right so initially there was a young girl who was having some difficulty and with it was a medical problem erm in that she had erm she had several operations booked and that was because erm she was born very prematurely and erm she had her outer ear wasn't formed so it's almost like that the ear was kind of tucked in on itself and she also erm she also needed that she needed her oh I'm trying to think of the word I've lost it erm implant so as she's grown the implant needed to be moved and she's very much aware of that erm and then also they were trying to work on the outer ear at the time they were sort of building actually an outer ear for her erm and trying to use that that didn't work out and then they're going to do that later stage now she was very much worried at the time around this going back into hospital and missing school and so the initial concern was around erm around [Georgia] and also by her concerns about missing school also her connectedness with the

Margin codes (left column)

- Training to deliver BoL
- ..EP's own experience of taking part in BoL
- ..Flexibility of EP role
- ..Support from EPS & EPS ways of working
- ..BoL fits well with EP role
- EP Role
- ..EP role & ways of working facilitating/barrier to us
- ..Time taken to deliver BoL & EP workload
- ..Medical needs
- ..CYP missing/out of school

..Facilitated connecting to others/belonging/friendsh

..Supportive relationships/peer support during BoL (·

..BoL sessions interrupted & not finished

..Opportunity to talk about positives/strengths
..Noticing exceptions
..Supportive relationships/peer support during BoL (+)

..Good communication with school
..School prioritises, supports & engages with BoL

..Facilitated connecting to others/belonging/friendships (+)

other children so it was part of an EMH so enhanced mainstream provision where she was coming into erm into the setting she didn't live locally she travelled for around 40 minutes and I asked her which girls or friends she would like to enter that session with Beads of Life and actually [Georgia] said she wanted two friends to come I asked for one initially and I don't know why I was going to kind of build upon that and she was like I can't pick one so she had two and those two girls they they weren't part of hearing impairment EMP and that worked out really well actually and they were erm just from her wider circle of friends and so we we ran sessions over a period of time and it was once a week over a period of time and sometimes for whatever reason they might be delayed or Christmas or that kind of thing so it actually ran over 2 terms erm and those girls and they brought various sort of difficulties that we discussed as well and I don't know how much detail you want me to go into or.

6   **I: No that's really interesting what you're saying is great, a great amount of detail.**

7   **P:** Yeah so it's quite surprising some of the stuff that they talk around so for example and one of the girls when they were talking around [York] and [Clifton] and where they lived it was it was an area of deprivation (.) it's quite it's quite central

so people often think it's quite leafy area but actually this this pocket of deprivation in there in in this particular school is in and it's in a state that's quite well known for deprivation that kind of thing and she generally is one of the beads around conflict and standing up for herself and so we talked around that and actually that was something that came out quite strong that the [Georgia's] two friends really could stand up for themselves and [Georgia] really liked that aspect of actually they stood up for her so part of it I felt part of my job as I was actually to try to help [Georgia] see that she can do bits of that as well and that some of those qualities that she has that can help her to stand up for herself so I kind of incorporated erm some I wouldn't call it homework with some actions into the sort of the general Beads of Life and at noticing exceptions and I tried to sort of build upon that and say you know are there times when you can stand up for yourself let's have a little experiment on the yard and it's almost like a circle of friends in a way they would say 'oh she doesn't do that' you know but we can help her to do it so it was trying to sort of liaise with the staff you know [Georgia very well erm and then also help her to sort of identify some things that she wanted to work on.

8   **I: That sounds brilliant, that sounds like that works really well.**

9   **P:** Yeah and they were actually in year five initially and then they went into year six I really felt like with the transition. So they were getting ready to think about secondary and really what came out of that for [Georgia] was that she felt she did have friends that they would be there with her and into the secondary.

..Outsider witness positive

..EP working collaboratively with CYP

..CYP lead as experts in their own lives/empowering (+

..EP working collaboratively with CYP

..Supportive relationships/peer support during BoL (+)

..Improved CYP's emotional wellbeing/self-esteem/confic

10 **I: Brilliant and were there any other particular aspects that** worked really well in the group?

11 **P:** Yeah erm for me each time with within the groups that have erm worked with I feel that the really strong aspect is the erm outsider witness part you know when they so there is 2 erm people working having a conversation together and then they are sort of talking around the erm bead and actually I found that they're so good with the questioning so I ordered a little bit erm initially around some of the questions that I may have but they quickly picked that up and I just tried to say no just be natural if a question pops in your head that's fine if it doesn't that's also fine but they really took that on board and some of the questions were really really reflective and I thought wow and so they they were very natural with their questioning of why a particular bead was selected and how that resonated with them but then also that outsider witness part where they given a bead in response to what they just heard I feel about really works well.

12 **I: Brilliant and you mentioned groups, am I right in thinking you've run it more than once?**

13 **P:** Yes yes uhuh so I've run about four groups now.

14 **I: Okay and could you tell me a little bit about the other groups that you've run?**

15 **P:** Yeah so the other groups again it was within the AMP and they have erm been with a variety of children the one that I'm actually working on at the moment which is been stopped that that is with erm children who are all hearing impaired I kind of give them the choice of who their friends are and this year it was around that cohort and what I'm hoping to do is to help them to train other the next group erm and something that I need to develop a little bit further.

16 **I: And how would you say it helped the children or young people that you've used it with?**

17 **P:** Yeah well I think actually initially it's a confidence thing some of the so for example [Georgia] who I talked earlier and she really struggled with her confidence in terms of articulation erm and the with the other girls there to support and kind of model with that and with the particular group that I have at the moment I would say some of their erm articulation isn't quite as good erm and they had there isn't necessarily really good role models for that but they kind of help each other along with it with my support as well.

..Understanding the process/task

..Opportunity to talk about positives/strengths

..Physical beads positive/powerful

..Opportunity to talk about challenges

CYP benefitted from BoL

18   I: And have they been any other challenges that you've encountered with any of your groups?

19   P: I think initially erm there was some issues to do with erm understanding around the selection of the bead so for example they may they may have an idea that they want to share their pet ((laughs)) and then they're trying to look for a bead in relation to that and that which is fine but then it's kind of that they may be selecting a bead because of a particular the way that it looks rather than thinking around the particular topic so it's kind of helping them to say that the string or the thread isn't necessarily going to look a particular way and I quite like that aspect of it as well so although that is a challenge I try and use that as a metaphor also around actually let's look at all threads and sort of value them and appreciate their beauty and their uniqueness. Often the children will then say 'Oh like us' and they actually pulling that metaphor very well themselves. In terms of the challenge I would say that that's that's been the main challenge that is a big one erm and it is around helping them to see that actually you can as long as you know what that bead stands for it doesn't really matter what it would it looks like necessarily.

20   I: And just going back to you mentioned that one of the main ways that it's really helped the children you've used it has been really improving their confidence, are there any other ways that it's helped them?

21   P: OK so for example erm when I asked them around whether they wanted to complete a problem thread [short pause] erm initially they all talked about loss that they had all had an experience of loss erm whether that was a grandparent, pet or actually [Georgia] initially talked around her erm brother so she was born prematurely and before her erm there had been a little brother who was also born prematurely who didn't and survive so I feel that it gives them an experience of talking around erm around loss or whatever was significant to them and actually they related it to each other so they it was almost like a connectedness where they all had some sort of level of understanding around that particular issue (.) when I did come to talk to

..CYP lead as experts in their own lives/empowering

..Understanding of narrative principles/therapy

..BoL can be used flexibly & adapted

..Fits in with NT tools/compared to other NT

..Physical beads positive/powerful

..BoL can be used flexibly & adapted

..CYP lead as experts in their own lives/empowering (+)

..Creates/importance of a safe space

..Organisation and planning

22 I: Brilliant thank you, so just moving onto the next question, could you tell me what your views are on Beads of Life?

23 P: Yeah so I I see it as a narrative tool erm and for me I feel that it is useful to have narrative tools to help people to understand and work through and develop their stories in the way that they want to. I see I see it is and something which is flexible and I do see narrative tools as being flexible and they should be in order to sort of respond to such particular situation that you're in but I feel that it is something that needs to erm come from narrative principles as well from your work and practised so that it is a tool that allows you to to work in a narrative way but that that needs to be underpinned by those narrative principles. I like the particular so I've worked with tree of life before and I've used that quite a lot in a range of different contexts as well and how I feel it's unique from tree of life is that it allows that erm it allows the movement and feel of the object a little bit more I feel that although I've seen children identify with their trees that it's tended to be with on a particular piece of paper and actually I feel that there's a greater connection in my experience when I've used both there's a greater connection with the beads for whatever reason whether it's because they pick them up they handed them to a friend threaded for them and they're able to then take the thread and retell the narrative using the beads as a prompt for that.
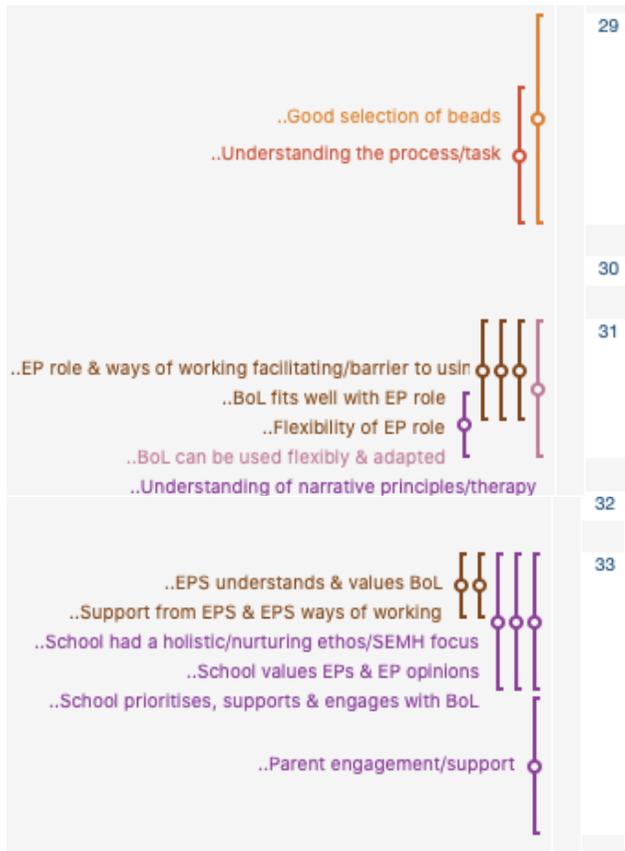
24 I: And is there anything else that you particularly like about Beads of Life?

25 P: I think it is sort of understanding that erm (.) the uniqueness of the intervention and going with that flow really but for example erm I had thought of the adults had initially thought some of the problems were a medical based problem and anxiety around that when I spoke to the young people they talked a little bit about loss erm and actually when I when I came to do problem thread with [Georgia] in particular she talked around concern around another young person at the time who had who was an AMP erm (.) he had diabetes and he had been hospitalised and she had a great worry about that so her problem thread was around the worry and I feel that it's really respectful if and where the children are at it may have come from an adult based problem but actually it helps the child to identify what is significant to them at that moment in time and to sort of give them that safe space to to explore that a little bit more without some of those adult erm adult perceptions of support.

26 I: And is there anything that you don't like about Beads of Life?

27 P: Erm what I don't like about it's just silly I suppose the erm ((laughs)) you have to be organised at the beads sometimes.

28 I: Yes.

..Good selection of beads
..Understanding the process/task

..EP role & ways of working facilitating/barrier to usin
..BoL fits well with EP role
..Flexibility of EP role
..BoL can be used flexibly & adapted
..Understanding of narrative principles/therapy

..EPS understands & values BoL
..Support from EPS & EPS ways of working
..School had a holistic/nurturing ethos/SEMH focus
..School values EPs & EP opinions
..School prioritises, supports & engages with BoL

..Parent engagement/support

29 **P:** I've selected beads where the hole is too small ((laughs)) and so we can have a little laugh around that as well erm so I suppose it's it's some of the and the practical things you just need to have a little bit confidence of beads. Some things that I do encounter actually I've used it a little bit for adults to help them reflect on certain situations as well erm and sometimes with the adults they kind of 'Ohh you asked me to select a bead and you know I'm struggling with that concept of erm you know choosing a bead and sharing why I've chosen that bead within a particular situation' erm so I suppose that they're the only things but I'm not sure if that's the fault of Beads of Life or it it's just something to work through you.

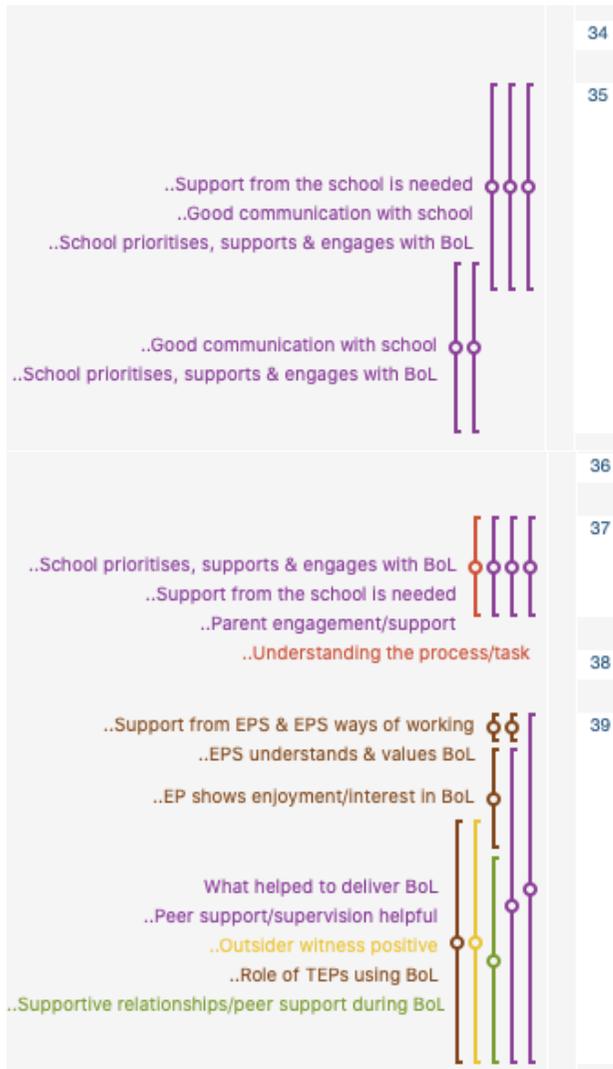30 **I: Yes and is there anything you would change about it at all?**

31 **P:** like I say I do feel that it is open for change so for me and I know that [Shelley] ran the intervention in one day and I feel that actually in the job that I do and and the sort of flexibility that I have I feel that I can spread it out over a much longer period of time and that helps with relationships and several other things of I do feel that it is open for change and that people should be flexible with it as long as they understand some of the narrative principles behind it and that it is the tool.

32 **I: Thank you and are there any factors that have helped you to be able to deliver Beads of Life in your role as EP?**

33 **P:** Factors oh I really feel that it has required a certain amount of sort of I suppose management and valuing of the development of narratives as well and that does help with social emotional well being erm you know particular school that I work in they do recognise that there are issues around social emotional welding that they want to work on some maybe it's sort of valuing from psychology management but then also the management of the setting that you're interested in and that you are working in. (.) The parents have also responded well and when I spoke to them about they've sort of spoken to their young people around the beads some of them have bought sort of beads and threading and they've been managing to do that at home as well so that's quite interesting to hear and so you know that's lovely when the adults understand as well and there able to sort of contribute in that way to the development of the narrative.

..Support from the school is needed
..Good communication with school
..School prioritises, supports & engages with BoL

..Good communication with school
..School prioritises, supports & engages with BoL

..School prioritises, supports & engages with BoL
..Support from the school is needed
..Parent engagement/support
..Understanding the process/task

..Support from EPS & EPS ways of working
..EPS understands & values BoL
..EP shows enjoyment/interest in BoL

What helped to deliver BoL
..Peer support/supervision helpful
..Outsider witness positive
..Role of TEPs using BoL
..Supportive relationships/peer support during BoL

---

34 **I: Have there been any barriers erm to delivering Beads of Life in your role at EP?**

35 **P:** I suppose in terms of barriers it may be around a bit of timing so for example for whatever reason there you know Christmas activities might come up things like that erm at with when the children were in year six you know year six can be quite pressured pressured in terms of doing SATS and that thing and I do feel that I had to have conversations with the Year 6 teacher a little bit around why it was so helpful you know and to not get sucked into actually the need to be doing this SATS revision at this particular time and so Year 6 I would suppose that was a little bit more problematic and is it unfortunately I don't think that should be the case but need to be aware of that actually sometimes teachers need to understand the benefits of it as well. (.) I think sometimes people can mistake it for making jewellery [laughs] so that it's actually erm (.) more the craft based activity so I want people to understand the value of it actually do that overtime so for example you know when I was talking around that you know issues to do with standing up for themselves the adults can relate to that they can see some of those themes played out in their working lives as well with that and I think that helps them to see the value of it.

36 **I: And were there any other barriers at all to delivering it?**

37 **P:** Okay I'm just going to reinforce the meaning sections but understanding that helping erm the children to understand that it isn't around picking a bead because it's pretty helping them to attach meaning to its particular bead erm (.) I think it's mainly it to be honest helping the adults to understand what we're working on as well.

38 **I: Brilliant and is there any support that you've received that has helped you to deliver Beads of Life?**

39 **P:** erm so definitely the initial training (.) understanding for management in terms of it being a valuable initiative and actually although it sounds silly supporting other people so erm me helping other psychologists if they've been interested in it as well that's helped me to I suppose I don't know if it's supervision but it helps me to understand my thought processes around it whilst I'm sharing it with others. Sometimes I've had trainees work on the groups with me and that isn't for a particular period of time maybe one or two sessions so when that has happened erm it's usually around two sessions I've explained to the particular trainee has been observing that although it is an observation could they please take a little bit of ownership of that observation in that they will then act as an outsider witness so they will listen to the conversation and then give a bead in response to what they've heard and I feel that that's always an benefitted the group as well and the children have reflected positively always on the trainees who have attended so I feel that supported me but then also actually added another layer of richness to the group.

..Understanding of narrative principles/therapy

..BoL training

..Understanding of narrative principles/therapy

..Good selection of beads

..Reflective skills
..Peer support/supervision helpful
..Support from EPS & EPS ways of working

..CYP lead as experts in their own lives/empowering (+
..BoL can be used flexibly & adapted

40 I: Brilliant and is there any other type of training or skills or resources that you think EPs need to be able to deliver Beads of Life?

41 P: I think there it would be really beneficial for them to have an understanding of narrative practise erm I do go over when I'm talking to people around Beads of Life I do go over sort of the narrative principles but I feel that if EPs have an understanding even to the level of they've read the Alice Morgan's book you know the introduction of narrative therapy and that first chapter in particular really talks around the development of erm problem narratives and exceptions that kind of thing I think that really does help them. Can you repeat the question as well please?

42 I: Sorry erm so what training skills or resources to EPs need to deliver Beads of Life?

43 P: Yeah so in terms of the training I don't think they necessarily need the three day training but having an understanding of narrative principles some reading around that is really helpful and also if they've managed to do practice that's great but I do feel that you can start from scratch really and you know as long as you do have that understanding of the narrative principles there. Resources I've tried to develop some packs that are in the service now so you know I have a box ((laughs)) I have a selection of beads I have the colouring pencils the scissors you know and it's just handy to have that box set to know that you can pick that up and that it will be replenished and it will be looked after it when you're having when you're living busy lives as a psychologist if you have that accessible and for people to understand how it's used that really helps too.

44 I: Brilliant and I think you've already touched on it but are there any specific skills that you think EPs need to be able to deliver it?

45 P: Erm yeah so in terms of sorry I'm going to go go back to the last bits but I think it helps if you can come together and reflect on some of the sessions erm so if there are EPs who are delivering groups and sessions I think it helps if you have that sort of supportive environment where you can come together and reflect so in terms of the skills with EPs I think there is reflectiveness as part of that erm allowing the children to take the lead sometimes and that can be a little bit tricky so I even I erm have have to sort of say right I'm taking a step back here because they may be having a little giggle or whatever I could say right come on we haven't got much time and trying to move them on but I've tried to think no they're okay I do have time cause I do have the flexibility of extending the sessions and then when I've managed to do that I've actually seen how they can really erm flourish and develop some of their questions and I can be more of an observer out of those really positive interactions. I think I takes a little bit of doing and I don't think it comes naturally to everybody so feeling and erm confident in stepping aside I suppose and let letting the young people take the lead at times as well.

..EP working collaboratively with CYP
..Supportive relationships/peer support during BoL (+)
..Facilitated connecting to others/belonging/friendship:

46 **I: Okay and finally is there anything else that you'd like** to tell me about **Beads of Life?**

47 **P:** Ohh ((laughs)) (.) yeah I suppose it is around helping young people to something that I'm really interested in is developing the young people to come erm in as trainers a little bit more so I started to do that but I haven't seen it filter right down beyond year groups so I've had a one set of young people help another group and I would like to see that filter down much more.

Appendix O
MAXQDA Initial Overarching Themes, Themes, Subthemes & Codes
(Further refined later on in the analysis process)

∨ Code System	540
∨ OTheme 1: Empowering & engaging	0
∨ 1.1. Collaborative between EPs & CYP	11
＞ 1.1.1 CYP as experts to share their stories	46
1.1.2 Informed consent important	8
1.1.3. Used flexibly to meet CYP's needs	12
∨ 1.2. Safe space	10
1.2.1. Non-threatening	6
1.2.2. Well structured	11
Consistent physical space	4
∨ 1.3. Unique therapeutic approach (+)	9
∨ 1.3.1. Physical beads helpful & engaging	11
Beads as documentation	6
∨ 1.4. Facilitated connections with others	1
∨ 1.4.1. Within intervention group	16
Bond/connection	6
Having a friend helped	3
1.4.2. Outside of intervention group	15
Outsider witness powerful	12
∨ 1.5. Developed CYP's strengths	13
1.5.1. CYP recognised their strengths	14
1.5.2. Improved CYP's confidence	6
Focus on the positives	9
Other people noticed positive changes	4
Positive sense of self	2
Listening skills	0
∨ 1.6. Enjoyable experience (for CYP)	10
Engaging	2
Creative	1
Enjoyed adult time	2

○ Committed to attending	2
○ Relaxed / Comfortable	2
○ Interesting	1
○ Suited CYP's interests	3
○ CYP enjoyed talking about their life	2
∨ ○ OTheme 2: Challenges experienced delivering BoL	4
○ 2.1. Interruption to sessions	6
∨ ○ 2.2. Externalising the problem difficult	5
○ Time consuming	1
∨ ○ 2.3. CYP had difficulties understanding & engaging	11
○ Social communication difficulties not best fit for BoL	1
∨ ○ 2.4. Access to beads & resources	0
○ 2.4.1. Good selection of beads (+)	11
○ Evaluation challenging	0
∨ ○ OTheme 3: Support needed to facilitate EP use of BoL	1
○ 3.1. Parent engagement	8
∨ ○ 3.2. School engagement	16
○ 3.2.1. Nurturing schools with SEMH focus	5
○ 3.2.2. School open to, understand & value BoL	9
○ Communication with school	4
∨ ○ 3.4. EPS support	9
○ 3.4.1. Peer support/supervision	12
○ 3.4.2. EPS values BoL & it fits in with EPS way of worki...	7
∨ ○ OTheme 4: EP role & BoL	3
∨ ○ 4.1. Time & workload	16
○ 4.1.1. EPs too busy with other work to engage in BoL	4
○ 4.1.2. TEPS have time to use BoL	11
○ Schools having to buy in traded time - barrier	4
∨ ○ 4.2. EP skills & experience	0
∨ ○ 4.2.1. EPs have the skills needed to deliver BoL	4

4.2.1. EPs have the skills needed to deliver BoL	4
Reflective skills	3
Listening skills	3
Empathy & Attunement with CYP	2
Organisation and planning	3
4.2.2. NT training	7
Understanding of NT principles	9
BoL training not essential	8
4.2.3. New & out of EPs comfort zones	8
Learning from experience to gain confidence	3
4.3. EP awareness & interest in BoL	0
4.3.1. EPs enjoyed using BoL & want to use it more	25
Powerful/privilege to use	3
Would like to use again	8
4.3.2. EPs want more EPs to become aware of BoL	11